Bluebird Chiropractic
(970) 685-4461
www.BluebirdChiropractic.com

Dr. Katie Holzworth
1268 N CLEVELAND AVE
Loveland, CO 80537

ADDITIONAL HEALTH INFORMATION FOR PREGNANT PATIENTS

Problems/ complaints during this pregnancy?____
____

For your pregnancy have you been under medical care? If so, for what condition and how long?____

Medications and/or supplements, and how long have you been taking them:_______________________
____

List all accidents/injuries:____
____

Ultrasound? ( ) No ( ) Yes-If yes dates, reason for study, and conclusions made from study: ___________
____

Baby's Position at last check up: (check one) ( ) Head down ( ) Transverse ( ) Feet down

Number of previous pregnancies?_____ Problems with pregnancies?_____________________________
____

Number of Successful deliveries?_____ Problems/ complaints with deliveries?_____________________
____

Current stress level (Check one): ( ) none ( ) Low ( ) Medium ( ) High ( ) Unbearable

Primary cause of stress: ____

Name of Obstetrician/Midwife/Family MD:____

Planned birth location: (check one) ( ) Home ( ) Birth center ( ) Hospital

Phone number and address of location:____

Do you plan to breastfeed? ( ) No ( ) Yes

Sleeping posture: (check one) ( ) Side ( ) Back ( ) Stomach

Difficulty eating/ keeping food down?__________ Special diet/food restrictions?___________________

Do you keep track of your protein intake? ( ) No ( ) Yes

List your favorite foods that are frequently eaten:____
____

How much do you consume of the following (please note the amount/servings per day/week) :

_____ Carbonated drink _____ Caffeine_____ Sweets _____ Water _____ Vegetables _____ Protein

Are you doing any exercises? ( ) No ( ) Yes – What exercises, how much , and how often?_____________
____

Are you taking or planning on taking any birthing classes? ( ) No ( ) Yes – name of class:______________

____

Patient's Name (print)

____ ___/___/___

Patient or guardian's signature if minor Date