

Pregnancy Questionnaire

Name: _____ Due Date: _____ Today's Date: _____

Is this your first pregnancy? Yes No Number of children? _____

Names (& Ages) of children: _____ (____) / _____ (____) / _____ (____) / _____ (____)

For your previous births, please indicate where the delivery took place: Home Birthing Center Hospital

For your previous births, how many were (check all that apply): Vaginal Induced Forceps Vacuum Extraction
 Involved pain medication Required fetal monitor Limited walking C-section

For your previous births, did you feel supported in your decisions? Yes No Why? _____

Midwife / Obstetrician: _____ Contact Number: _____

Location: _____ Date of Last Visit: _____

Reason for Last Visit: _____

Were your previous children born with the provider listed above? Yes No If not, who? _____

Pregnancy:

Do you have a doula? Yes No Contact Name & Address: _____

Are you enrolled in birthing classes? Yes No Hypnobirthing/Bradley/Lamaz Yes No Other: _____

Have you had any ultrasounds to date? Yes No Date _____ If yes, how many/how frequent? _____

Labor:

Have you discussed your plan with your birth provider? Yes No Do not have a birth plan

Where are you planning on having the baby?: Home Birthing Center Hospital

What birth experience are you planning? Vaginal Pain Medication Instrument Assisted Induced C-Section

Do you plan on using pain medications during birth? Yes No Did you with previous births? Yes No

Delivery:

Are you planning on breast feeding? Yes No For how many months? _____

Are you planning on delayed cord clamping? Yes No

Are you planning on direct skin on skin contact? Yes No

What interventions are you planning for your baby? Antibiotic Eye drops Vitamin K Shot Hepatitis B vaccine None

Has anyone ever discussed with you how your body was designed to nurture, grow and birth a baby? Yes No

Has anyone ever discussed with you the benefits of chiropractic care during and after pregnancy? Yes No

Due to the fact that the birth process, regardless of method or interventions, can cause trauma to a delicate newborn spine, it is suggested that you have your newborn receive his or her first spinal check-up within the first week of life.

Are there any other questions or concerns you would like to discuss with the doctor today? _____

**As an expecting mother,
you are taking an important step in improving
your baby's health and well being with Chiropractic care.**

Thank you for allowing us to be part of your birthing process!



IN SICKNESS & IN HEALTH