Pregnancy Questionnaire

Patient Name: ______________________________ Date: ______________

Previous Birth Experience

Is this your first pregnancy? ☐ Yes ☐ No

- If not, please tell us about your previous pregnancy and/or birth experience(s). (*Duration, Interventions, etc)*

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Do you plan to follow the same plan as your previous delivery? ☐ Yes ☐ No

- If not, what would you like to change?

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Conception & Early Pregnancy

When is your expected or calculated due date? ______________________________

Did you have any difficulty conceiving ☐ Yes ☐ No

If yes, please explain: ______________________________

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Have you ever used any form of hormonal or oral contraceptives? ☐ Yes ☐ No

If yes, which ones, and for how long: ______________________________

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When was your last menstrual cycle? ______________________________

What was your pre-pregnancy weight? ______________ Current weight? ______________

Have you experienced morning sickness? ☐ Yes ☐ No

If yes, please explain: ______________________________

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Current Health Conditions

What type of exercise(s) are you currently performing? ______________________________

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Please tell us about your current diet, and any dietary restrictions? ______________________________

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Have you taken any medications or supplements during pregnancy? ☐ Yes ☐ No

If yes, please explain: ______________________________

Have you had any slips, falls, or other physical traumas during the pregnancy? ☐ Yes ☐ No

If yes, please explain: ______________________________

Have you had any major emotional stressors during your pregnancy? ☐ Yes ☐ No

If yes, please explain: ______________________________

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Explore Family Chiropractic

Your Birth Plan

Your top three goals for this pregnancy:

1. ______________________________
2. ______________________________
3. ______________________________

Do you currently have a birth plan? ☐ Yes ☐ No

If yes, please explain: ______________________________

Are you taking any pre-natal or birthing classes? ☐ Yes ☐ No

If yes, please explain: ______________________________

Who is your OB/GYN or midwife? ______________ Will they be present for delivery? ☐ Yes ☐ No

Who is your birth provider? ______________________________

Do you intend to have a doula or birth coach present? ☐ Yes ☐ No

If yes, please explain: ______________________________

Do you wish to have a natural vaginal labor and delivery ? ☐ Yes ☐ No

If not, what concerns do you have? ______________________________

Current Health Conditions

Do you plan on breastfeeding your child? ☐ Yes ☐ No

What do you intend to do for vaccines? ______________________________

Is there anything else you'd like to tell us about your pregnancy or birthplan?

What would you like to gain from chiropractic care during your pregnancy?

Are there any burning questions you want to be sure to ask today?