CONFIDENTIAL CURRENT PREGNANCY HISTORY

ABOUT YOU Chiropractic

Name: (Mrs/Ms/Miss/Mr/Dr) Date:

What number pregnancy is this? How many weeks?

Estimated due date:

Was conception: ☐ Natural *or* ☐ Assisted *(please tick)*

Do you plan to breast feed? ☐ Yes ☐ No Are you currently breastfeeding? ☐ Yes ☐ No

Childbirth carers *(please tick)*: ☐ Doula ☐ Midwife ☐ OB/GYN ☐ Other ☐ Undecided

Name/s of caregivers:

I plan on giving birth: ☐ At Home ☐ Birth Centre ☐ Hospital ☐ Other ☐ Undecided

Currently working? ☐ Yes ☐ No How many hours/days?

When do you plan to start maternity leave? For how long?

Please tick any of the following that apply to you:

☐ Difficulties conceiving	☐ Vaginal bleeding	☐ Any falls	☐ Gestational diabetes	☐ Swelling
☐ Hospitalisations	☐ Trauma	☐ High stress	☐ Pre-eclampsia	☐ Protein in urine
☐ Ultrasounds	☐ Motor accidents	☐ High anxiety	☐ Previous c-section	☐ Vaccines
☐ Morning sickness	☐ Amniocentesis / CVS	☐ Heamorroids	☐ High blood pressure	☐ Recreationaldrugs
☐ Miscarriages	☐ Exercise	☐ Fainting	☐ Depression	☐ Alcohol / smoking

Are you aware of any health concerns in this pregnancy / previous pregnancies? *Please click on line below if filling out electronically.*

Are you taking any medications? *(Including over the counter / Vitamins / Supplements)*: ☐ Yes ☐ No If yes, please list:

Have you had chiropractic care during this pregnancy? ☐ Yes ☐ No If yes when was last adjustment?

Have you had chiropractic care during previous pregnancies? ☐ Yes ☐ No

What other health practitioners have you consulted during this pregnancy? *Please click on line below if filling out electronically.*

Is there anything else you would like us to know about you and your pregnancy? *Please click on line below if filling out electronically.*

SUBMIT COMPLETED FORM