

Pregnancy Chiropractic Health Questionnaire

Name _____ Cell Phone _____

Address _____ City, State, Zip _____

Age _____ Male _____ Female _____ Marital Status: M S

E-mail Address _____ Birth date _____

Spinal health is especially important during pregnancy. Is there any chance that you are pregnant?
 YES NO

Who is your OBGYN/midwife? _____

Will you be laboring at home, birth center, or hospital? _____

Are you taking any birthing classes? YES NO If yes, where? _____

Do you have a doula? YES NO If yes, who? _____

How far along are you? _____ What is your expected date? _____

Is this your first pregnancy? YES NO If no, how many have you had? _____

How many children do you have? _____ Are you nursing? YES NO

Did you use IVF, IUI, family planning, etc. to conceive? _____

Do you know the sex of your baby? YES NO if no, are you waiting to find out? YES NO

Do you have a birth plan? YES NO if yes, please describe your wishes: _____

All of the above patient information is true and accurate to the best of my knowledge.

Patient Signature _____ Date _____