

# Pregnancy Questionnaire

Please PRINT clearly.

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## PREVIOUS BIRTH EXPERIENCE

Is this your first pregnancy? Y \_\_\_ N \_\_\_

-If no, please tell us about your previous pregnancy/birth experience(s). (duration, interventions, etc.)

Do you plan to follow the same plan as your previous delivery? Y \_\_\_ N \_\_\_ N/A \_\_\_

-If no, what would you like to change?

## CONCEPTION AND EARLY PREGNANCY

When is your expected calculated due date?

Did you have any difficulty conceiving? Y \_\_\_ N \_\_\_

-If yes, please explain:

Have you ever used any form of hormonal or oral contraceptives? Y \_\_\_ N \_\_\_

-If yes, which ones, and for how long?

When was your last menstrual cycle?

What was your pre-pregnancy weight?

What is your current weight?

Have you experienced morning sickness? N \_\_\_ Y \_\_\_

-If yes, please explain:

## CURRENT HEALTH CONDITIONS

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

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

Have you taken any medications or supplements during your pregnancy? Y \_\_\_ N \_\_\_

-If yes, please explain:

Have you had any slips, falls, or other physical traumas during the pregnancy? Y \_\_\_ N \_\_\_

-If yes, please explain:

Have you had any major emotional stressors during your pregnancy? Y \_\_\_ N \_\_\_

-If yes, please explain:

## YOUR BIRTH PLAN

What are your top three goals for this pregnancy?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you currently have a birth plan? Y \_\_\_ N \_\_\_

-If yes, please explain:

Are you taking any pre-natal or birthing classes? Y \_\_\_ N \_\_\_

-If yes, please explain:

Who is your OB/GYN or Midwife?

Will they be present for delivery? Y \_\_\_ N \_\_\_

Who is your birth provider?

Do you intend to have a doula or a birth coach present? Y \_\_\_ N \_\_\_

If yes, please explain:

Do you wish to have a natural vaginal labor and delivery? Y \_\_\_ N \_\_\_

If not, what concerns do you have?

## YOUR POST-BIRTH PLAN

Do you plan on breastfeeding your child? Y \_\_\_ N \_\_\_

What do you intend to do for vaccines?

Is there anything else you would like to tell us about your pregnancy or birth plan?

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?