

Name: \_\_\_\_\_ Who referred you to our clinic? \_\_\_\_\_  
Previous Chiropractic Care? \_\_\_\_\_

## PRENATAL HISTORY:

1) Is this your first pregnancy? \_\_\_\_\_ 2) How many other births have you had? \_\_\_\_\_ 3) How many weeks pregnant are you now? \_\_\_\_\_

4) Have you experienced any traumas during this pregnancy? (accidents, falls) Yes:  No:

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

5) Any medications taken during pregnancy? \_\_\_\_\_

6) Do you smoke or drink alcohol? \_\_\_\_\_

7) Have you had any evaluation procedures (ultrasound, amniocentesis, chronic villus sampling)? \_\_\_\_\_

8) Please list dates, frequency and reason for these procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) How has your diet been during this pregnancy? \_\_\_\_\_

10) Have there been any stressful events in your life during this pregnancy? \_\_\_\_\_  
\_\_\_\_\_

11) What are your most significant fears associated with this birth? \_\_\_\_\_  
\_\_\_\_\_

12) Who is your birth care provider? \_\_\_\_\_

13) Will you have someone with you at birth for support (other than birth care provider) Please specify who \_\_\_\_\_

14) Where do you plan on delivering? \_\_\_\_\_

15) Have you put together a birth plan? \_\_\_\_\_

## PREVIOUS BIRTH HISTORY:

1) Place of Birth: Hospital:  Birthing Centre:  Home:

2) Delivering Practitioner: OB/Gyn:  Certified Nurse Midwife:  Certified Practicing Midwife:  Lay Midwife:

3) Position of Delivery: Lithotomy position (on back with feet up):  On Your Side:  Kneeling:  Squatting:

Other:  \_\_\_\_\_

4) Was Labor Induced? (Contractions were stimulated prior to the natural onset of labor) Yes:  No  Unknown:

If yes, specify type: Pitocin:  Prostaglandin Gel (applied to your cervix)  Unknown:

5) Did your care provider rupture your membranes? Yes:  No  Unknown:

6) Were contractions stimulated intravenously with pitocin once labor started? Yes:  No  Unknown:

7) Did you receive any pain medications or anesthesia? Yes:  No  Unknown:

Please specify type used:  \_\_\_\_\_

If you had an epidural, how many centimeters were you dilated when it was administered?  \_\_\_\_\_

8) Did you experience back pain during labor? Yes:  No  Unknown:

9) Did you deliver vaginally? Yes:  No

10) Baby presentation at time of delivery: Normal:  Posterior:  Brow:  Facial:  Breech:

If breech, specify type: Footling:  Frank:  Complete:  Kneeling:  Breech:

Was there any visible injury to your baby? Yes:  No  Unknown:

If so, where on your baby was the injury sustained?  \_\_\_\_\_

11) Did your care provider assist delivery with his/her hands? Yes:  No  Unknown:

Was there any turning of the neck, or traction (pulling) applied to the neck? Yes:  No  Unknown:

12) Were operative devices used to facilitate the birth? Yes:  No  Unknown:

Which type? Forceps:  Vacuum Extraction

If yes, was there any visible injury to your baby? Yes:  No  Unknown:

If yes, where on your baby was the injury sustained?  \_\_\_\_\_

13) Was there a birthing coach present? Husband:  Doula:  Friend:  Other:  \_\_\_\_\_

14) At what week of pregnancy was your baby born? \_\_\_\_\_