Chiro-Santé Kirkland Clinic

Opening File (Pregnant Mothers)

Name: _____ Who recommended our clinic to you? _____

Have you ever been under Chiropractic Care? _____

PRENATAL HISTORY:

1) Is this your first pregnancy? _____ 2) How many times have you given birth ?_____ 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 undergone any evaluation procedures (ultrasound, amniocentesis, chronic villus sampling)? _____

8) Please list frequency, dates and reason(s) for these procedures: _____

_____

_____

9) How has your diet been throughout 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 during delivery (other than birth care provider) Please specify who _____

14) Where do you plan on delivering? _____

15) Have you put together a birth plan? _____

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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) Delivery Position: 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 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) In which week of pregnancy was your baby born? _____