

Prenatal Intake Questionnaire



Name: _____

Date: _____

Welcome! We are so very excited you chose us to be a part of your pregnancy care team. We see this as a gift to be able to help you and your precious little one through this very special time in your life. Our goal is to provide you the topmost perinatal chiropractic care and support. In order to do so, please provide us with some background information.

How many weeks along are you? _____ Due Date? _____

Any challenges in trying to conceive (either you or your partner)? _____

Overall, how are you emotionally feeling in this pregnancy? Happy? Nervous/Scared? Excited? Stressed? _____

Please circle if you have had or are currently experiencing:

Nausea Constipation Headaches Anxiety Depression Pain (where?) _____

High Blood Pressure Frequent Sickness Autoimmune Gestational Diabetes Other

Please explain any details: _____

Current Medications: _____

Current Supplements: _____

Specific Dietary Choices/Needs/Restrictions? _____

Any previous births, losses or miscarriages? _____

Please describe any previous birth experiences (or write "NA"). Were they good, or traumatic? Were they what you had expected? Any medications or interventions necessary (ie: Inductions, Cytotek, Pitocin, unplanned C-section, forceps or vacuum, etc), and if so, please explain why they became necessary:

If you have had previous pregnancies, how was your postpartum recovery? Did you struggle with physical pain, and/or postpartum anxiety, depression, or anger? Did you feel supported? If not, in hindsight, what do you think could have helped you?

What are your intentions for this birth? Where are you delivering and with which care providers? Are you using a doula or any other birth support? Are you planning to take any birthing classes? _____

Anything else you wish for the doctor to know? _____

Thank You!