

PREGNANCY QUESTIONNAIRE

Patient Name _____	Date ____/____/____
PREVIOUS BIRTH EXPERIENCE	
Is this your first pregnancy? <input type="radio"/> Yes <input type="radio"/> No	
- If not, please tell us about your previous pregnancy and/or birth experience(s). (Duration, interventions, etc)	
Do you plan to follow the same plan as your previous delivery? <input type="radio"/> Yes <input type="radio"/> No	
- If not, what would you like to change?	
CONCEPTION & EARLY PREGNANCY	
When is your expected or calculated due date?	
Did you have any difficulty conceiving? <input type="radio"/> Yes <input type="radio"/> No	
- If yes, please explain:	
Have you ever used any form of hormonal or oral contraceptives? <input type="radio"/> Yes <input type="radio"/> No	
- If yes, which ones, and for how long?	
- When was your last menstrual cycle?	
- What was your pre-pregnancy weight? _____ Current weight? _____	
Have you experienced morning sickness? <input type="radio"/> Yes <input type="radio"/> No	
- 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? <input type="radio"/> Yes <input type="radio"/> No	
- If yes, please explain:	

Have you had any slips, falls, or other physical traumas during the pregnancy? <input type="radio"/> Yes <input type="radio"/> No
- If yes, please explain:
Have you had any major emotional stressors during your pregnancy? <input type="radio"/> Yes <input type="radio"/> No
- If yes, please explain:
YOUR BIRTH PLAN
Your top three goals for this pregnancy:
1. _____
2. _____
3. _____
Do you currently have a birth plan? <input type="radio"/> Yes <input type="radio"/> No
- If yes, please explain:
Are you taking any pre-natal or birthing classes? <input type="radio"/> Yes <input type="radio"/> No
- If yes, please explain:
Who is your OB/GYN or midwife? Will they be present for delivery? <input type="radio"/> Yes <input type="radio"/> No
Who is your birth provider?
Do you intend to have a doula or birth coach present? <input type="radio"/> Yes <input type="radio"/> No
- If yes, please explain:
Do you wish to have a natural vaginal labor and delivery? <input type="radio"/> Yes <input type="radio"/> No
If not, what concerns do you have?
YOUR POST-BIRTH PLAN
Do you plan on breastfeeding your child? <input type="radio"/> Yes <input type="radio"/> No
What do you intend to do for vaccines?
Is there anything else you'd 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?