



PREGNANCY QUESTIONNAIRE

Patient Name:

Date: / /

Is this your first pregnancy: Yes No If not, please tell us about your previous pregnancy and/or birth experience(s):

Do you plan to follow the same plan as your previous delivery: Yes No If no, what would you like to change:

CURRENT HEALTH CONDITIONS

When is your expected or calculated due date: / /

Did you have any difficulty conceiving: Yes No If yes, please explain:

Have you ever used any form of hormonal and oral contraceptives: Yes No If yes, which ones and for how long:

When was your last menstrual cycle:

What was your pre-pregnancy weight: lbs. Current weight: lbs.

Have you experienced morning sickness or any other side effects: Yes No

If yes, please explain:

CURRENT HEALTH CONDITIONS

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

Please describe your current diet and dietary restrictions:

Have you taken any medications or supplements during your pregnancy: Yes No If yes, please explain:

Have you had any slips, falls, or other physical traumas during the pregnancy: Yes No If yes, please explain:

Have you had any major emotional stressors during the pregnancy: Yes 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: Yes No If yes, please explain:

Are you taking any pre-natal or birthing classes: Yes No If yes, please explain:

Who is your OB/GYN or midwife:

Who is your birth provider:

Do you intend to have a doula or birth coach present: Yes No If yes, please explain:

Do you wish to have a natural vaginal labor and delivery: Yes No If not, what concerns do you have:

YOUR POST-BIRTH PLAN

Do you plan on breastfeeding your child: Yes 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:

Patient's Signature: _____ Date: _____