



Pregnancy Questionnaire

Patient Name: _____ Date: _____

Previous Birth Experience

Is this your first pregnancy? Yes 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? Yes 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 Yes No

If yes, please explain: _____

Have you ever used any form of hormonal or oral contraceptives? Yes 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? Yes 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 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 your 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? _____ Will they be present for delivery? Yes No

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? _____

Current Health Conditions

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 birthplan?

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?

