



## Pregnancy Questionnaire

Congratulations on your pregnancy! We are excited to help you along your journey!

It is important for us to know your PAST History and Current GOALS. Please give us some information that will help us to take care of you:

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Anticipated Due Date: \_\_\_\_\_ # of weeks currently pregnant \_\_\_\_\_

Please CIRCLE the reason(s) for this visit:

Wellness Visit      Low Back Pain      Pubic Symphysis Pain      Pelvic/Hip pain      Headache/neck pain

Other \_\_\_\_\_

# of Previous Pregnancies:    Vaginal \_\_\_\_\_    C-Section \_\_\_\_\_    Miscarriage \_\_\_\_\_    Other \_\_\_\_\_

In this pregnancy, have you experienced:

Use of infertility drugs/In-Vitro Fertilization      Morning Sickness      Pre-Eclampsia

Other \_\_\_\_\_

Please tell us about any complications, if any, you experienced in previous pregnancies:

\_\_\_\_\_

Where do you plan to give birth?    Home      Birth Center      Hospital

Which one? \_\_\_\_\_

Do you plan to use:    an Obstetrician      a Midwife

Name of OB or Midwife: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Do you plan to use Doula? \_\_\_\_\_ If so, who: \_\_\_\_\_

What are your hopes or expectations for the birth?

Natural birth      Epidural only if necessary      Definite Epidural      VBAC      Planned C-Section

Unsure      Other \_\_\_\_\_

What is your biggest fear going into this birth? \_\_\_\_\_

May we have your permission to contact your birth attendant and doula to confer with them and share information regarding the chiropractic care that you are receiving here?    YES      NO

Signature \_\_\_\_\_

Date: \_\_\_\_\_

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