



## Pregnancy and Breech Positioning Intake Form

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Patient ID Number: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

OBGYN: \_\_\_\_\_ Did your Doctor refer you here: Y / N  
If no, How did you find out about safe, natural and effective Chiropractic care?  
\_\_\_\_\_

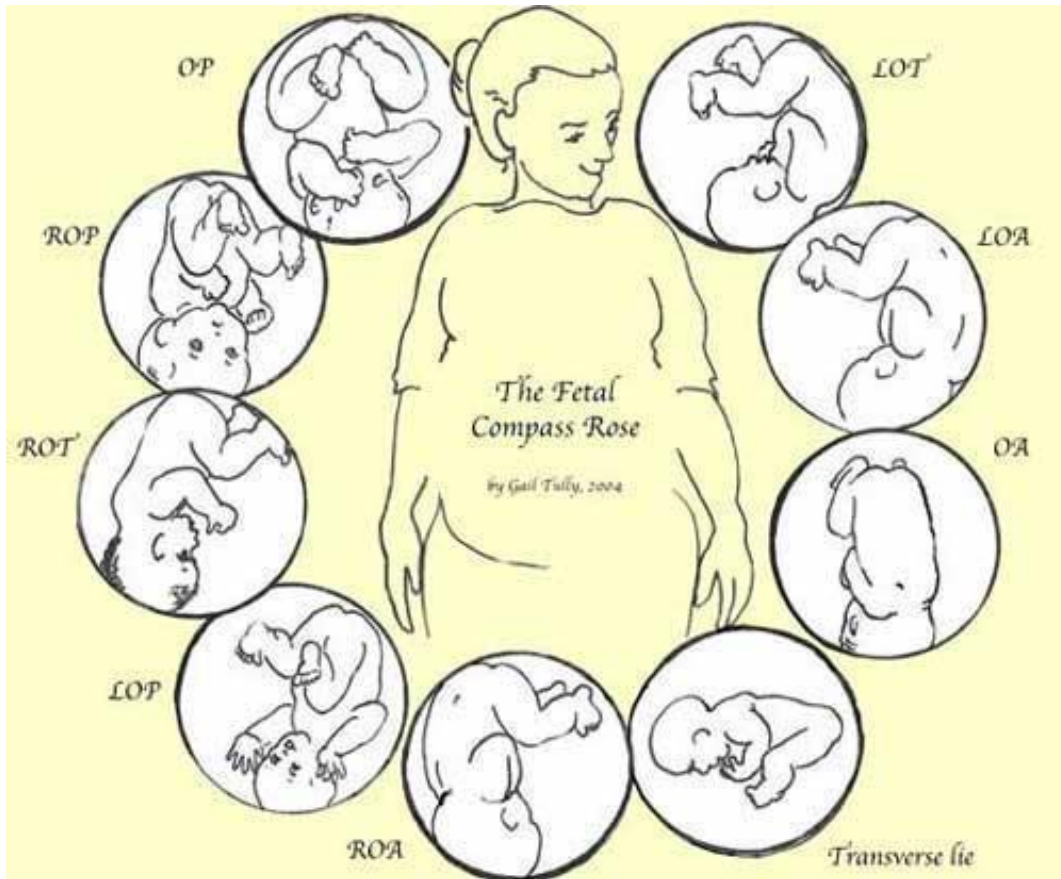
How far along are you? \_\_\_\_\_ Due Date: \_\_\_\_\_  
Is this your first baby? Y / N If no, How many children do you have? \_\_\_\_\_

### Office visit Information

What is the reason for your visit today? \_\_\_\_\_  
Date of onset? \_\_\_\_\_

Have you experienced any of the following signs/symptoms of Nervous System Dysfunction?

- Back pain, body tension or stiff muscles
- Braxton Hicks Contractions
- Pubic Pain
- Round ligament pain or cramping, pain or cramping in the front, left or right of the belly
- Leg pain, sciatica
- Digestive issues: Heartburn, indigestion, constipation, diarrhea
- Hormonal issues: Fluctuation in body temp, abnormal blood work, history of miscarriage, trouble getting pregnant, difficulty breastfeeding in the past
- Difficulty breathing, shortness of breath, easily exhausted
- Immune system suppression: sinuses, congestion, cough/cold
- Tailbone pain
- Mal-positioning of the baby: breech (Circle position of baby on diagram)
- Poor sleeping quality: toss and turn, uncomfortable, achy



On a scale of 1-10 how dedicated are you to optimizing the position of the baby in order to allow for a vaginal birth?

(I will take whatever happens) 1 2 3 4 5 6 7 8 9 10 (Do whatever it takes)

How much water do you drink per day? \_\_\_\_\_

How well do you sleep? \_\_\_\_\_

Are you taking any prescription medications, vitamins or supplements? Y / N If yes, please list below:

\_\_\_\_\_

\_\_\_\_\_