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PREGNANCY & BREECH POSITIONING INTAKE FORM

First Name _____ Last Name _____

Age _____ Birthdate _____ Email _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Address _____

City _____ State _____ Zip Code _____

OBGYN _____ Did your doctor refer you here? Yes No

If no, how did you find out about safe, natural and effective chiropractic care? _____

How far along are you? _____ What is your due date? _____

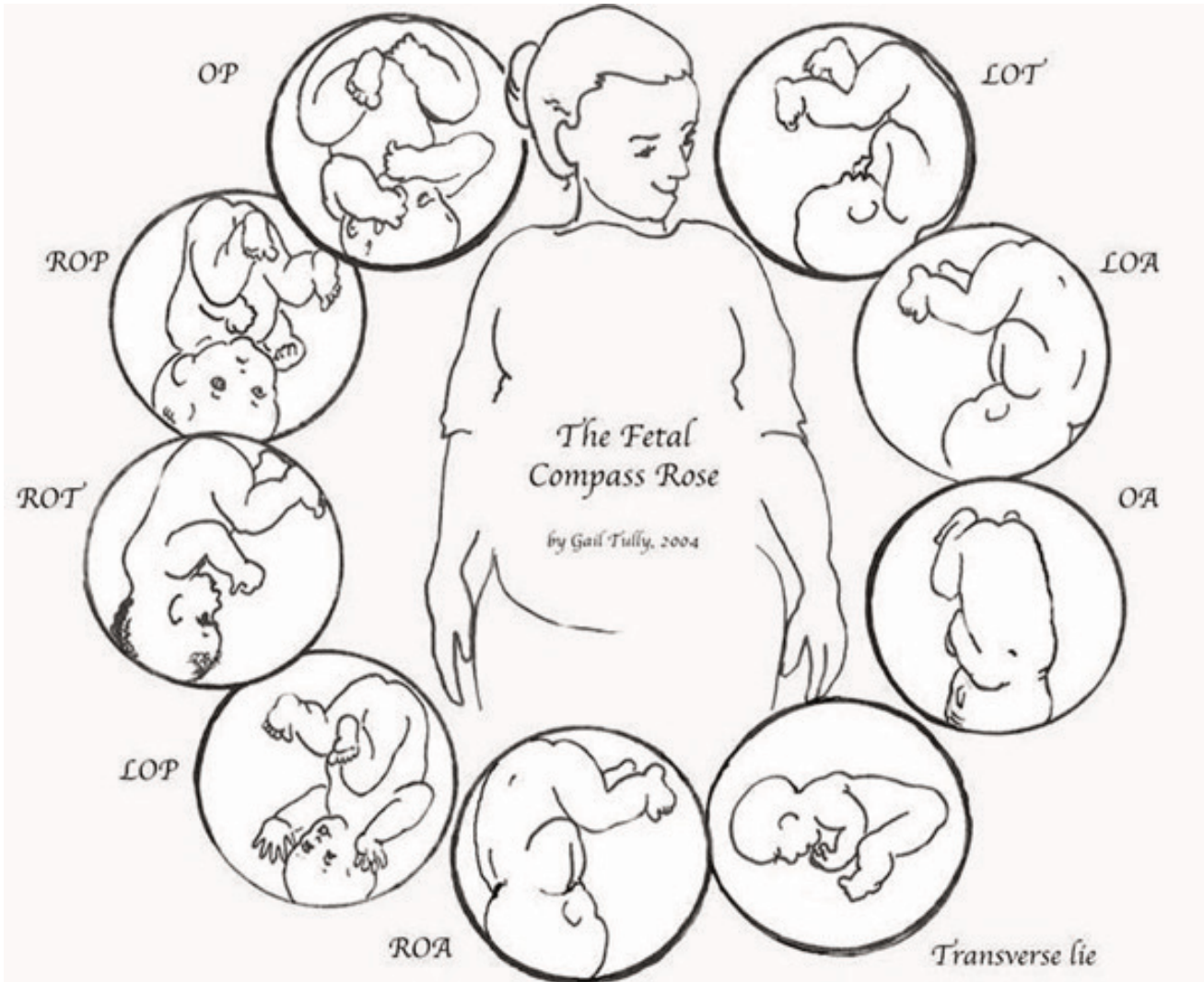
Is this your first baby? Yes No If no, how many children do you have? _____

What is the reason for your visit today? _____

Date of onset: _____ Previous chiropractic care? Yes No

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

- | | |
|--|---|
| <input type="radio"/> Back pain, body tension or stiff muscles | <input type="radio"/> Pubic pain |
| <input type="radio"/> Braxton-Hicks contractions | <input type="radio"/> Leg pain, sciatica |
| <input type="radio"/> Round ligament pain or cramping; pain or cramping in the front, left or right of the belly | <input type="radio"/> Immune system suppression (sinuses, congestion, cough/cold) |
| <input type="radio"/> Digestive issues: heartburn, indigestion constipation, diarrhea | <input type="radio"/> Tailbone pain |
| <input type="radio"/> Hormonal issues: fluctuation in body temp, abnormal blood work, history of miscarriage, trouble getting pregnant, difficulty breastfeeding in the past | <input type="radio"/> Poor sleeping quality (toss and turn, uncomfortable, achy) |
| <input type="radio"/> Malpositioning of the baby: breech (Circle position of baby on diagram on the next page) | <input type="radio"/> Difficulty breathing, shortness of breath, easily exhausted |



How much water do you drink per day? _____

How well do you sleep? _____

Are you taking any prescription medications, vitamins or supplements? Yes No

If yes, please list here: _____