Well Adjusted Pregnancy

Aberdeen Chiropractic Clinic
your health & well being since 1979

Date: Practitioner: Service Type: Patient ID:

Confidential Patient Information

To provide the most comprehensive care possible, our initial assessment explores all details of a person and their life, in that health issues are seldom associated with just one factor. This information will help us identify the root causes of your symptoms and formulate your care plan. So please be patient and fill in the questionnaire below.

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Town: _____ Postcode: _____

Tel: (Home): _____ Tel: (Work) _____ Mobile: _____

Email: _____ Occupation: _____

Single / Married / Widowed / Divorced / Partner _____ No of Children: _____

Name of GP, Surgery, Midwife: _____

How did you hear about us? (e.g. friend / family / internet / event / location) _____

Are you here because of corporate agreement (If yes which company?) _____

Are you covered by private medical insurance? (If yes which company?) _____

Weeks Pregnant:	Estimated Due Date:	Referred by: *(Please provide the name of the person who referred you)*

IN ORDER FOR US TO SUPPORT YOU BEST, PLEASE LET US KNOW MORE ABOUT YOUR CURRENT CIRCUMSTANCES:

Why are you here today? (answer 1, 2 and/or 3)

1. For advice on a particular health crisis (include how long you have experienced it for)?

2. To prevent a potential health issue (include whether you have experienced it before)?

3. To strengthen your health and wellness during your pregnancy?

How would you currently rate your health? ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Have you seen a chiropractor previously? Yes / No If yes, with whom and what was the date of your last visit?

Are you currently taking any medication (e.g. antibiotics or over the counter drugs such as Paracetamol or Ibuprofen?	☐ Yes	☐ No	
Have you taken any medication during your pregnancy?	☐ Yes	☐ No	If yes, can you specify?
Have you had any vaccines during your pregnancy?	☐ Yes	☐ No	If yes, can you specify?

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How often are you currently consuming alcohol?

☐ Each day ☐ Each week ☐ Every few weeks ☐ Rarely ☐ Never

Would you like further information on how to minimise exposure to toxins commonly found in our foods and personal care products?	☐ Yes	☐ No

Are you experiencing any emotional stress? (e.g. relationship, family, financial or career challenges)

☐ Yes ☐ No If yes, can you elaborate?

What clinical tests have you had to date? (e.g. test to establish if you or your baby has any health risks)

What accidents and / or falls have you experienced during your life?

Have you had any operations or hospitalisation?

Are you currently receiving prenatal care from a midwife, obstetrician or both? with whom specifically

Would you like further information about healthy nutrition in pregnancy?	☐ Yes	☐ No

Have you had advice on optimal diet during your pregnancy? If so, what advice

Was this pregnancy planned?	☐ Yes	☐ No	

How do you feel about your pregnancy?

What type of birth are you planning?

Which hospital or birth centre are you planning to have your baby? Or are you planning a home birth?

Do you feel supported in your birth choices? (e.g. by your partner, family, health practioner)	☐ Yes	☐ No

Are you planning to attend any birth classes? If so, which ones

Have you received information or advice regarding your pending birth? If so, what advice and by whom?

Are you aware of the current position of your baby (e.g. head down, breech, transverse)?	☐ Yes	☐ No

Do you have a birth plan?	☐ Yes	☐ No	

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If this is a subsequent pregnancy and birth for you, how do you feel about your previous birth experience?

☐ Delighted ☐ Neutral ☐ Disheartened Comment:

How do you feel about your pending birth?

☐ Excited ☐ Anxious ☐ Frightened Comment:

Have you had any ultrasounds to date?	☐ Yes	☐ No	

Please tick any of the following which relate to your current pregnancy:

☐ Any hospitalisation	☐ Pre-eclampsia	☐ Low blood pressure
☐ Medications	☐ Eclampsia	☐ Anaemia
☐ Excessive fatigue	☐ Seizures	☐ Yeast infection
☐ Mood swings	☐ Gestational diabetes	☐ Indigestion
☐ Depression	☐ Thyroid issues	☐ Nausea
☐ Infections	☐ Placental issues	☐ Other illness (please specify)
☐ Urinary infections	☐ Pelvic inflammatory disease	
☐ Blood in urine		
☐ Blood in stool	☐ Abnormal bleeding	Have you experienced any of the above in previous pregnancies?
☐ Protein in urine	☐ Circulatory problems	☐ Yes ☐ No
☐ High blood pressure	☐ Swollen ankles	

Have you had any advice on optimal posture during your pregnancy? If so, what advice

Have you had any of the following:

☐ Lower back pain	☐ Rib pain	☐ Abdominal pain
☐ Leg pain	☐ Neck pain	☐ Stretching pain
☐ Pelvic pain	☐ Headaches	☐ Muscle pain
☐ Upper back pain	☐ Numbness / Tingling	☐ Wrist / Hand pain

What vision do you have for this pregnancy and this labour? Please describe

How can we support you best during your pregnancy?

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Chiropractic care in pregnancy

Subluxations/dysfunction where the sacrum joins the pelvis (hip) can be quite common during the course of pregnancy. Besides potentially interfering with the baby assuming the normal head-down position in preparation for delivery, it can produce a variety of symptoms in mothers preparing for the culmination of their pregnancy.

Sacral subluxations may cause the tightening and twisting of pelvic muscles and ligaments, constraining the uterus. The goal of the adjustment is to reduce the effects of subluxation and the associated dysfunction of the sacroiliac joint. The result? Neurobiomechanical function in the sacral/pelvic region is improved, benefiting pregnant mothers or others with sacral subluxations. Resolving subluxations where the sacrum joins the pelvis (hip) helps balance the pelvis and prepare for the optimal delivery of the baby. Taking into consideration your personal circumstances we aim for the best possible outcome.

Following our initial examination today we will prepare a care plan for you if appropriate. You will also be given the opportunity to attend for regular check - ups with our pregnancy wellness program throughout your pregnancy. Once your baby is born, we offer a complimentary new baby check followed by the opportunity to attend regularly for your family check up appointments for optimal health, development and wellbeing.

CONSENT TO EXAMINATION

I hereby authorise this clinic and its Doctor (s) to administer an examination as they deem necessary.

I realise that I am responsible for all fees charged by this office and I agree to pay for all services provided.

Signed: _____ Date: _____