

Name: _____

Pregnancy Profile

When is your baby's due date? ___M ___D ____Y # of weeks currently pregnant _____

Medication usage during pregnancy? Y N

Please list any medications or vaccinations taken during pregnancy and reason:

Have you experienced physical trauma during this pregnancy? N Y _____

Have there been any stressful events in your life during this pregnancy N Y _____

How many ultrasounds have you had to date? _____

Other evaluation procedures (eg amniocentesis, chorionic villus sampling) _____

Where do you plan on delivering? _____

How many previous pregnancies have you had? _____ How many children do you have? _____

How many vaginal deliveries? _____ C-Sections? _____

Complications during previous deliveries? N Y _____

At what week was/were babies born? _____

Labor induced/use of Pitocin? N Y Unknown

Did your care provider rupture your membranes? N Y Unknown

Was there any back or hip pain during labor? N Y

Was baby in a suboptimal position during the pushing phase of any labor? N Y Unknown

Did you receive an epidural? N Y

Were there any operative devices used? N Y Forceps Vacuum

Did you receive an episiotomy? N Y Tear? N Y _____

Any postpartum complications or long term consequences? N Y _____

Have you experienced any of the following symptoms during this Current pregnancy (C) or a Previous pregnancy (P)?

C P

- Headaches
- Facial Paralysis
- Chronic Fatigue
- Nausea/"Morning Sickness"
- Heartburn/Indigestion
- Preeclampsia
- Gestational Diabetes
- Constipation
- Hemorrhoids

C P

- Carpal Tunnel (numbness in hands/fingers)
- Low/Mid Back Pain
- Breech or Sidelying Presentation
- Round Ligament Pain/Pulling (front of belly)
- Pain in Your Pubic Bone
- Pins/Needles in the Front/Side of your leg
- Pain in Posterior Leg (Sciatica)
- Leg Cramps
- Swelling of Ankles, Legs and Feet

What are your hopes or expectations for this birth? Natural birth Epidural only if necessary

Definite Epidural VBAC Planned C-Section Unsure Other: _____

What is your biggest fear going into this birth? _____

Name of OB or Midwife: _____ Practice Name: _____

Do you plan to use a Doula? Y N If so who? _____

May we have permission to contact your birth attendant and doula to confer with them and share information regarding the chiropractic care that you are receiving here? Y N