Post Natal Health Questionnaire

Congratulations on your new bundle of joy!

Your Name:_____

Please help us help you today by providing the following information:

Baby's Name:_____ D.O.B._____Gender:_____

Please check all that apply:

- ☐ Born on due date
- ☐ # of days before due date? _____
- ☐ # of days after due date?_____
- ☐ Went into labor naturally
- ☐ Medically induced labor
- ☐ Water broke naturally
- ☐ Water broken by doctor
- ☐ Vaginal Birth
- ☐ VBAC
- ☐ Scheduled cesarean
- ☐ Emergency cesarean - Reason:_____
- ☐ Epidural used
- ☐ Forceps Used
- ☐ Vacuum extraction used
- ☐ Umbilical cord was around baby's neck
- ☐ Approximately how long did you push?____
- ☐ Nursing currently
- ☐ Pumping currently
- ☐ Formula only currently
- ☐ Both breast milk and formula
- ☐ Baby up to date on vaccines
- ☐ Modified / delayed vaccine schedule
- ☐ Religious vaccine exemption
- ☐ Medical vaccine exemption

Any issues with baby's health?_____

_____

How are you feeling physically?_____

_____

How are you feeling mentally?_____

_____

Interested in more information on any of the following?:

- ☐ Chiropractic care for infants & toddlers
- ☐ Baby wearing
- ☐ Cloth diapers
- ☐ Lactation consultant
- ☐ Meal planning
- ☐ Postpartum emotional wellness
- ☐ Pelvic floor physical therapy
- ☐ Postpartum doula

Signature:_____ Today's Date:_____