Post Natal Health Questionnaire

Congratulations on your new bundle of joy!

Your Name:_____ Today's Date:_____

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

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

Please check all that apply:

- ☐ Born on time
- ☐ Born premature How Early?_____
- ☐ Born past due How Late?_____
- ☐ Natural labor
- ☐ 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
- ☐ Approximately how long did you push _____
- ☐ Nursing currently
- ☐ Formula only currently
- ☐ Both nursing and formula
- ☐ 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 any of the following?:

- ☐ Chiropractic care for infants & toddlers
- ☐ Baby wearing
- ☐ Lactation consultant
- ☐ Meal planning
- ☐ Postpartum emotional wellness
- Other: _____

Signature:_____ Date:_____