Postpartum History

Name: _____ Date: _____

Congratulation on the birth of your baby!

Our vision is to offer the very highest quality chiropractic care to you and your family. Please help us by responding to these questions about your current health and the outcome of your recent delivery.

Date of delivery : _____

Did you have a Boy or Girl? (please circle) Name of baby: _____

Name of Obstetrician / Midwife : _____

Location of Birth : Hospital ☐ Birthing Centre ☐ Home ☐

Length of Delivery? ____ hrs Length of Pushing? _____ hrs☐ minutes ☐

Complications During Delivery? No☐ Yes☐ Describe: _____

_____

_____

Medications During Delivery? No☐ Yes☐ List: _____

Were any interventions needed? No☐

Epidural ☐ Forceps☐ Vacuum Extraction☐ Emergency Caesarian Section ☐

Planned Caesarian Section☐ Episiotomy☐

Have you had any difficulties since the birth of your baby? Please describe:

_____

_____

_____

Please

- ☐ Headaches
- ☐ Neck Pain / stiff
- ☐ Sleeping Problems
- ☐ Back Pain
- ☐ Nervousness
- ☐ Tension
- ☐ Irritability
- ☐ Chest Pains
- ☐ Dizziness
- ☐ Face Flushed
- ☐ Pins & Needles in Legs
- ☐ Pins & Needles in Arms
- ☐ Numbness in Fingers
- ☐ Numbness in Toes
- ☐ Shortness of Breath
- ☐ Fatigue
- ☐ Depression
- ☐ Light Bothers Eyes
- ☐ Double Vision
- ☐ Loss of Memory
- ☐ Ears Ring / buzzing
- ☐ Fever
- ☐ Fainting
- ☐ Cold Sweats
- ☐ Loss of Smell
- ☐ Loss of Taste
- ☐ Difficulty Swallowing
- ☐ Diarrhea
- ☐ Feet Cold
- ☐ Hands Cold
- ☐ Stomach Upset
- ☐ Nausea
- ☐ Constipation
- ☐ Loss of Balance
- ☐ Ear Infections
- ☐ Asthma
- ☐ Allergies
- ☐ Frequent colds/flu
- ☐ Menstrual problems
- ☐ IBS / Crohn's disease
- ☐ Anxiety
- ☐ Multiple Sclerosis

Other conditions, diseases or concerns:

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Are you having any of the following symptoms?

Has your baby had any difficulties since the birth? Please describe:_____

_____

Aside from your midwife, or obstetrician, have you consulted with any other health care professional since your last visit? If so, please comment on the reason for that consultation?

_____

_____

Is there any service or information we can provide to assist you with your care?

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