

Kenley Chiropractic

"Delivering Good Health"

Case History for Pregnant Mothers

Name: _____ Due date: _____

Have you had previous chiropractic care? _____

Who referred you here? _____

Prenatal History:

1) Is this your first pregnancy? _____

2) How many other births have you had? _____

3) How many weeks pregnant are you now? _____

4) Have you experienced any traumas (accidents, falls) during this pregnancy?

Please describe: _____

5) Any medications taken during this pregnancy? _____

6) Do you smoke or drink alcohol? _____

7) Have you had any evaluation procedures (ultrasound, amniocentesis, chorionic villus sampling)? _____

8) Please list dates, frequency and reason for these procedures:

9) How has your diet been during pregnancy? _____

10) Have there been any stressful events in your life during this pregnancy?

11) What are your most significant fears associated with this birth?

12) Who is your birth care provider? _____

13) Will you have someone with you at birth for support (other than birth care provider)?

Please specify who: _____

14) Where do you plan on delivering? _____

15) Have you put together a birth plan? _____