PRENATAL CHIROPRACTIC INTAKE FORM

Thank you for allowing us the opportunity to be a part of your pregnancy health care. This form is to be completed in addition to our regular patient history so we can better serve you throughout your pregnancy.

Name: _____ Date: _____

CURRENT PREGNANCY

Estimated Due Date: _____ I am in my: _____ week of pregnancy
Baby's Sex (if known) ____Male _____Female _____Not Finding Out
Baby's Name_____
Pre-pregnancy weight: _____ Current weight: _____ Height: _____
Childbirth preparation: Bradley_____ LaMaze_____ Other_____
Childbirth caregiver(s): OB/GYN _____ Doula _____ Midwife _____
I plan on giving birth at: Hospital _____ Home _____ Birth Center _____
Name of Hospital or Birth Center _____
Caregiver's Name _____ Last visit to Caregiver: ____/____/____
What position do you sleep in? Side _____ Back _____ Stomach _____
Any physical or emotional traumas during this pregnancy? If yes, Please describe :
_____
Any hospitalizations during this pregnancy? If yes, Please describe: _____
_____
Any medications during this pregnancy, including over the counter medication? Please Describe: _____
Any fertility issues/treatments? If yes, Please describe: _____
_____

Any other information you would like us to know about you and your pregnancy?
_____

PREVIOUS PREGNANCIES/BIRTHS

of previous pregnancies: _____ # of previous births ____ Please explain any difference in numbers: _____
Names & ages of children: _____

Your previous births were at: Hospital _____ Home _____ Birth Center _____
Medications used in prior births: None _____ Pitocin _____ Epidural _____
Interventions used in prior births: Breaking of water _____ Vacuum _____ Forceps _____
Episiotomy _____ C-section _____ Other _____
How long was your previous labor? Total: _____Time you spent pushing: _____
Did you have chiropractic care during your previous pregnancies? Y_____ N_____

AFTER 32ND WEEK OF PREGNANCY

Position of baby: Head down _____ Posterior _____ Breech or malposistioned _____
Confirmed by: Palpation by_____ on _____/_____/_____
Ultrasound by _____ on _____/_____/_____
How long do you believe baby has been in this position? _____

PREGNANCY GOALS

Please list your top 3 goals for this pregnancy:

1._____

2._____

3._____

THE WEBSTER TECHNIQUE DEFINED

International Chiropractic Pediatric Association definition of Webster Technique:

The Webster technique is a specific chiropractic analysis and adjustment that reduces interference to the nervous system, balances out pelvic muscles and ligaments which in turn removes torsion to the uterus, reducing the potential for intra-uterine constraint and allows the baby to get into the best possible position for birth.

Statement to pregnant patients of Jessica Bullock, DC

I understand that Jessica Bullock, DC provides chiropractic adjustments to treat musculoskeletal complaints in patients, including pregnant women.

Print Name Sign Name Date