



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 malpositioned _____
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