Pregnancy Chiropractic Intake Form

Name: _____ DOB _____ / _____ / _____ (DD/MM/YYYY)

Address: _____ City: _____ Postal Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Business/Employer: _____ Type of Work: _____

Do You Have Extended Health Benefits? ☐ Yes ☐ No

Insurance Company: _____ Group # _____ ID# _____

Circle One:

Single Widowed Divorced Separated Other

Emergency Contact

Name & Relationship of Emergency Contact: _____

Phone # of Emergency Contact: _____

Family Doctor (Optional)

Name: _____ Phone: _____

Address: _____

Date of last appointment/physical: _____

Other Health Care Professionals (Optional) - (Medical Specialist, Naturopathic Doctor, Homeopath, Physiotherapist, Massage Therapist)

Name: _____ Phone: _____

Professional Designation: _____

Address: _____

Date of last appointment/physical: _____

Name: _____ Phone: _____

Professional Designation: _____

Address: _____

Date of last appointment/physical: _____

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Primary Complaint:

What is your current concern? _____

Where do you feel discomfort? _____

How would you describe the pain? _____

(stabbing, dull, achy, stiff & tight, burning, pins and needles, etc.)

Does the pain travel to other parts of your body? _____

When did it occur? _____ How did it occur? _____

Is it getting better or worse, or staying the same? _____

Have you seen other health professionals for this concern? ☐ Yes ☐ No

If yes, whom, and what treatment did they use? _____

Have you taken medication for this complaint? ☐ Yes ☐ No

Have you ever experienced this complaint before? ☐ Yes ☐ No If yes, when? _____

Did you receive any treatment at the time for this complaint? ☐ Yes ☐ No

Have you had x-rays in relation to the current complaint? ☐ Yes ☐ No

Is this an injury that occurred at work? ☐ Yes ☐ No If yes, was it reported? ☐ Yes ☐ No

Is this an injury as a result of a motor vehicle accident? ☐ Yes ☐ No If yes, is there a claim pending? ☐ Yes ☐ No

Have you seen a chiropractor previously? _____

If yes, when was your last treatment? _____

How far along into your pregnancy are you?

When is your baby's due date?

Have you experienced any trauma during this pregnancy?

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

Dates and Reasons:

_____

_____

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

_____

_____

_____

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What type of birth care provider are you planning on using?

☐ Midwife ☐ OB/Gyn ☐ Medical Doctor ☐ Other

Where do you plan on delivering? _____

Is this your first pregnancy? ☐ Yes ☐ No

- ☐ If not, how many pregnancies previously? _____
- ☐ How many children do you have? _____
- ☐ How many vaginal deliveries? _____
- ☐ How many caesarian sections? _____
- ☐ Have there been any complications during your previous deliveries? ☐ Yes ☐ No
- ☐ Was labour induced/use of Pitocin? ☐ Yes ☐ No ☐ Unknown
- ☐ Did your care provider rupture your membranes? ☐ Yes ☐ No ☐ Unknown
- ☐ Was there any back pain during labour? ☐ Yes ☐ No
- ☐ Did you receive an epidural? ☐ Yes ☐ No
- ☐ Were there any operative devices used? ☐ Yes ☐ No ☐ Forceps ☐ Vacuum

Have you experienced any of the following symptoms during this pregnancy or a previous pregnancy?

- ☐ Nausea/"Morning Sickness"
- ☐ Headaches
- ☐ Carpal Tunnel (numbness in hands/fingers)
- ☐ Pins/Needles in the front side of your leg
- ☐ Pain in your Pubic Bone
- ☐ Leg Cramps
- ☐ Breech Presentation
- ☐ Chronic Fatigue
- ☐ Pain down Posterior Leg (sciatica)
- ☐ Heartburn/Indigestion
- ☐ Constipation
- ☐ Swelling of Ankles, Legs and Feet
- ☐ Hemorrhoids
- ☐ Facial Paralysis
- ☐ Gestational Diabetes
- ☐ Low/Mid Back Pain

Are you interested in:

- ☐ Acute Pain Care: We can provide relief for the immediate pain you are feeling. It is important to remember that your body is constantly changing and adapting for the duration of your pregnancy and you are likely to experience a reoccurrence of this pain.
- ☐ Maintenance Care: We can provide ongoing care for the duration of your pregnancy to prevent your pain from getting worse if it returns.
- ☐ Wellness Care: We can ongoing care for the duration of your pregnancy to prevent your pain from getting worse if it returns, as well as prevent many other common conditions associated with pregnancy. Wellness care has also been shown to reduce labour times and intensity of pain for women who are adjusted on a regular schedule.