

Deep Roots Chiropractic Pregnancy Questionnaire



DEEP ROOTS CHIROPRACTIC

Today's Date: _____

Name: _____

Date of Birth: _____

Age: _____

Prenatal Intake

1. Is this your first pregnancy? (circle) Yes No
a. If not, please tell us about your previous pregnancies: _____

2. If this is not your first pregnancy, will you follow the same birth plan? Yes No
a. If not, what would you like to change? _____

Conception + Early Pregnancy

3. What is your expected/calculated due date? _____
4. Did you have any difficulty conceiving? Yes No
a. If yes, please explain: _____

5. Have you ever used oral/hormonal contraceptives? Yes No
a. If yes, what kind and for how long? _____
6. What was your pre-pregnancy weight? _____ lbs
7. What is your current weight? _____ lbs
8. Have you experienced morning sickness? Yes No

Current Health Conditions

9. What type of exercise(s) are you currently performing? _____

10. Please tell us about your current diet, and any dietary restrictions: _____

11. If you have taken medications or supplements, please list them and the reason for taking them: _____

12. Do you have any current health conditions that Dr. Jarod needs to know about? If yes, please explain: _____

13. Have you had any slips/falls during your pregnancy? Yes No
a. If yes, please explain: _____

14. Have you had any major emotional/mental stressors during pregnancy? Yes No
a. If yes, please explain: _____

Your Birth Plan

15. What are your top 3 goals for your pregnancy?
1. _____
2. _____
3. _____

16. Do you currently have a birth plan? Yes No
a. If yes, please explain: _____

17. Are you taking prenatal/birthing classes? Yes No
a. If yes, please explain: _____

18. Who is your OB/GYN or Midwife? _____

a. Will they be present for your birth? Yes No

b. Who is your birth provider? _____

19. Do you plan on having a doula/birth coach present during delivery? Yes No

20. Do you wish to have a natural vaginal labor/delivery? Yes No

a. If not, what concerns do you have? _____

Your Post-Birth Plan

21. Do you plan on breastfeeding? Yes No

a. If not, please explain: _____

22. What do you intend to do regarding vaccines? _____

23. Is there anything else you'd like us to know about your pregnancy/birth plan? _____

24. What would you like to **gain** from chiropractic care during your pregnancy? _____

We are so grateful to be serving **you** during this special time in your life! It is our goal, through chiropractic care, to balance your body and nervous system so you can experience a comfortable pregnancy and delivery!