

Maternity Intake Form

Name: _____

Date of Birth: _____ Date: _____

Your Due Date: _____

Obstetrician: _____

Office Phone: _____

Midwife: _____

Office Phone: _____

Doula: _____

Office Phone: _____

Number of Pregnancies Total: _____ Your Children's Ages: _____

Prior Birthing Experiences: hospital home attended home unattended planned cesarean natural

emergency cesarean induced VBAC vacuum or forceps utilized water-birth Midwife Doula

Please describe all Physical Stress during this pregnancy: _____

Please describe all Emotional Stress during this pregnancy: _____

Please describe all Chemical Stress during this pregnancy: _____

Please list all Complications or Concerns with any of your pregnancies: _____

Chiropractors work with the body's ability to adapt and function optimally. During pregnancy, care is vital to the normal physiological function of the mother and baby. It prepares the pelvis for an easier pregnancy and birth by creating a state of balance in the pelvic bony structures, muscles and ligaments. It also decreases tension in the ligaments that support the uterus in order to decrease intrauterine constraint. This provides room for the baby to develop and to move into the best possible position for birth. Your questions are always welcome. We are here to nurture and support your confidence during this normal physiological process.

Practitioner Notes: _____