HATCHCHIRO
REDEFINING HEALTHCARE

Prenatal Intake

First Name _____ **Last Name** _____

Is this your first pregnancy? □ Yes □ No If no, how many pregnancies have you had? _____

How many weeks gestation? _____ Estimated due date: _____/_____/_____

Number of Vaginal Deliveries: _____ Number of Cesarean Sections: _____

Name of your Physician/Midwife/OBGYN: _____

Planned location for birth: □ Hospital □ Birth Center □ Home

Facility Name: _____

Have you experienced complications with this pregnancy? □ Yes □ No If yes, please explain:_____

_____

Have you received chiropractic care with previous pregnancies? □ Yes □ No

Reason for seeking care _____ Onset _____/_____/_____

How did symptoms start? □ Sudden □ Gradual **Are symptoms?** □ Sudden □ Gradual

Have you ever suffered from: (please check all that apply)

Dizziness	□ Before Pregnancy	□ During Pregnancy
Back Pain	□ Before Pregnancy	□ During Pregnancy
Hip Pain	□ Before Pregnancy	□ During Pregnancy
Sciatica	□ Before Pregnancy	□ During Pregnancy
Neck Pain	□ Before Pregnancy	□ During Pregnancy
Water Retention	□ Before Pregnancy	□ During Pregnancy
Diabetes	□ Before Pregnancy	□ During Pregnancy
High Blood Pressure	□ Before Pregnancy	□ During Pregnancy
Headaches	□ Before Pregnancy	□ During Pregnancy
Asthma	□ Before Pregnancy	□ During Pregnancy
Digestion Issues	□ Before Pregnancy	□ During Pregnancy
Sinus Issues	□ Before Pregnancy	□ During Pregnancy

Have you experienced any morning sickness? □ Yes □ No If yes, frequency: _____

Did you have any difficulty conceiving? □ Yes □ No If yes, explain: _____

Do you currently have a birth plan? □ Yes □ No If yes, please describe your wishes: _____

_____

_____

Are you taking or plan to take any prenatal or birthing classes? □ Yes □ No If so, which _____

_____

What are your top 3 goals for this pregnancy?

1. _____
2. _____
3. _____

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

_____

_____

Do you wish to have a medicine-free/intervention free labor and delivery if possible? □ Yes □ No

Are there any concerns that you have: □ Yes □ No If yes, please explain: _____

_____

Is there anything additional you would like to tell us about your birth plan or pregnancy at this time? □ Yes □ No

_____

_____

Doctors in this office are certified in Webster's Technique, a chiropractic analysis that balances a mom's pelvis, eliminating tension on the muscles and ligaments of the uterus. Chiropractic care benefits all aspects of your body's ability to be healthy. This is accomplished by working with the nervous system – the communication system between your brain and body. Chiropractors work to correct spinal, pelvic and cranial misalignments (subluxations). When misaligned, these structures create an imbalance in surrounding muscles and ligaments. Additionally, the resulting nerve system stress may affect the body's ability to function optimally!

Signature _____ Date: _____