

## Doctor recommended Pregnancy Care Plan

Name \_\_\_\_\_ Date \_\_\_\_\_



Pregnant women go to chiropractors for a variety of reasons. Some go for symptomatic relief of the common complaints of pregnancy. Others are interested in having the cause of their problem corrected after the birth of their babies.

In addition to your desired outcome, the doctor has based your care plan on the following criteria

- |  |   |
|--|---|
| <input type="checkbox"/> Age _____<br><input type="checkbox"/> MV Accidents (major) _____<br><input type="checkbox"/> MV accidents (minor) _____<br><input type="checkbox"/> Repetitive Strain injuries _____<br><input type="checkbox"/> Orthopedic tests _____<br><input type="checkbox"/> Work related injuries _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Weeks gestation _____<br><input type="checkbox"/> Breech Presentation + -<br><input type="checkbox"/> Slips & Falls _____<br><input type="checkbox"/> Neurological Tests _____<br><input type="checkbox"/> Chiropractic tests _____<br><input type="checkbox"/> Scan _____<br><input type="checkbox"/> Other _____ |
|--|---|

- Chief Complaint:       Low back    Upper back    Middle back    Neck    Headaches
- Sciatica    Carpal Tunnel    Backache of Pregnancy  
 Upper/Lower Extremity Pain/Numbness    \_\_\_\_\_

*The recommendations in your particular case are based on all of the above information as well as our experience with many other cases similar to yours. These are estimates only to help you plan your time and finances to adequately attain maximum correction.*

<input type="checkbox"/> <b>BEST</b>	<input type="checkbox"/> <b>GOOD</b>	<input type="checkbox"/> <b>FAIR</b>
<i>Maximum benefits attained in least amount of time.</i>	<i>Satisfactory benefits with longer time commitment</i>	<i>Limited benefits over a longer time frame</i>
<b>Breech Presentation</b>  3 times/week until baby turns 2 times/week until birth Post Partum check up (2 - 6 wks)  <input type="checkbox"/> Other	<b>Breech Presentation</b>  2 times/week until baby turns 1 time/week until birth Post Partum check up (2 - 6 wks)  <input type="checkbox"/> Other	Not recommended
Estimated visits _____ visits Estimated Time _____ weeks	_____ visits _____ weeks	
<b>Non-Breech</b>  3 times/week for _____ weeks 2 times/week until birth  Post Partum check up (2 - 6 wks)  <input type="checkbox"/> Other	<b>Non-Breech</b>  3 times/ week for _____ weeks 2 time/week for _____ weeks 1 time per week until birth Post Partum check up (2 - 6 wks)  <input type="checkbox"/> Other	<b>Non-Breech</b>  2 times/week for _____ 1 time/week until birth  Post Partum check up (2 - 6 wks)  <input type="checkbox"/> Other
Estimated visits _____ visits Estimated Time _____ weeks	_____ visits _____ weeks	_____ visits _____ weeks