



# PERRY FAMILY CHIROPRACTIC, LLC

## Prenatal History

- Is this your first pregnancy?  Yes  No
- How many other births have you had? \_\_\_\_\_
- Due Date: \_\_\_\_\_
- Have you experienced any traumas (accidents, falls) during this pregnancy?  Yes  No
  - o If yes please describe: \_\_\_\_\_
- Any medications taken during this pregnancy?  Yes  No
  - o If yes please describe: \_\_\_\_\_
- Have you had any evaluation procedures (ultrasound, amniocentesis, chronic villus sampling)?
  - o Please list dates, frequency and reason for procedures: \_\_\_\_\_
- How has your diet been during this pregnancy? \_\_\_\_\_
- Have there been any stressful events in your life during this pregnancy?  Yes  No
  - o If yes please describe: \_\_\_\_\_
- Who is your birth care provider? \_\_\_\_\_
- Will you have someone with you at the birth for support?  Yes  No
  - o Who? \_\_\_\_\_
- Where do you plan on delivering? \_\_\_\_\_
- Have you put together a birth plan?  Yes  No
  - o If yes please describe: \_\_\_\_\_

## **Previous Birth History**

- Place of birth: Hospital, Birthing Center, Home, Other: \_\_\_\_\_
- Delivering practitioner: OB/Gyn, Certified Nurse Midwife, Certified Practicing Midwife
- Position of delivery: Lithotomy (on back), On your side, Kneeling, Squatting, Other
- Was labor induced: Yes No Unknown
  - o If yes, specify type: Pitocin, Prostaglandin Gel (applied to cervix) Unknown
- Were contractions stimulated intravenously with Pitocin once labor started? Yes No Unknown
- Did you receive any pain medications or anesthesia? Yes No Unknown
  - o Please specify type used: \_\_\_\_\_
  - o If an epidural was used, how many cm dilated were you when administered? \_\_\_\_\_
- Did you experience back pain during labor? Yes No Unknown
- Did you deliver vaginally? Yes No
- Baby presentation at the time of delivery: Normal, Posterior, Brow, Facial, Breech, Unknown
  - o If breech, specify type: Footling Frank Complete Kneeling
  - o Was there any visible injury to your baby? Yes No Unknown
  - o If so, where on your baby was the injury sustained? \_\_\_\_\_
- Did your care provider assist delivery with his/her hands? Yes No Unknown
  - o Was there any turning of the neck, or traction (pulling) applied to the neck? Yes No Unknown
- Were operative devices used to facilitate the birth? Yes No Unknown
  - o Which type? Forceps Vacuum Extraction
  - o If yes, were there any visible signs of injury to your baby? Yes No Unknown
  - o If yes, where was the injury sustained? \_\_\_\_\_
- Was there a birthing coach present? Husband Doula Friend Other
- At what week of pregnancy was your baby born? \_\_\_\_\_