

Welcome to our office!

Please fill out our Health Record as completely and accurate as possible. If you have any questions, please don't hesitate to ask one of our qualified Chiropractic Assistants.

It is our pleasure to be of service to you. Our commitment to you is to promote the highest quality of health and well-being with Chiropractic care.

First Name

Last Name

Date of Birth

Current Pregnancy

Due Date:

What week of pregnancy are you in?

Pre-Pregnancy Weight:

Current Weight

Current Height

Have you used any of the following childbirth preparation resources?

If other was selected, please explain:

- ☐ Bradley ☐ Lamaze
☐ Hypnobirth ☐ Other
☐ None

Which of the following childbirth caregivers are you using?

If other was selected, please explain:

Caregiver's Name and Phone Number:

- ☐ OB/GYN ☐ Midwife
☐ Doula ☐ Other

I plan on giving birth at:

Name of hospital or birth center

- ☐ Hospital ☐ Birth Center
☐ Home

What position do you sleep in?

On average, how many hours of sleep are you getting each night?

How would you rate your overall stress level on a scale of 0 - 10? (0 is no stress at all, 10 is debilitating, unbearable stress)

- ☐ Side ☐ Back ☐ Stomach

Are you exercising during your pregnancy?

If yes, what types of exercise?

- ☐ Yes ☐ No

Have you had any traumas during this pregnancy?

If yes, please explain:

- ☐ Yes ☐ No

Have you had any hospitalizations/surgeries during this pregnancy?

☐ Yes ☐ No

If yes, please explain:

Please list any medications you are taking during this pregnancy, including over-the-counter:

Please list any vitamins or supplements you are currently taking:

If you have undergone any fertility treatments, please describe:

Have you received any chiropractic care during your pregnancy?

☐ Yes ☐ No

If yes, please explain:

Is there any additional information you would like us to know about your pregnancy?

After 32nd Week of Pregnancy

Position of baby:

☐ Head Down ☐ Posterior
☐ Breech/Malpositioned ☐ Unknown

How was this position confirmed?

☐ Palpation ☐ Ultrasound

What date was this position confirmed?

How long do you believe baby has been in this position?

Previous Pregnancies

Number of previous pregnancies:

Number of previous births:

Please explain any difference in numbers:

Names and ages of children:

Where did your previous births take place?

☐ Hospital ☐ Birth Center ☐ Home
☐ Other ☐ N/A

Did you use any medications during your previous births?

☐ Pitocin ☐ Epidural ☐ Spinal Block
☐ None/Natural ☐ Other

If other was selected, please explain:

Were any interventions used in your previous births?

☐ Induced Labor ☐ Breaking Water ☐ Vacuum
☐ Extraction ☐ Forceps ☐ Episiotomy
☐ Caesarean Section ☐ None ☐ Other

If other was selected, please explain:

How long was your previous labor(s)?	How much time was spent pushing?
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Did you receive chiropractic care during any previous pregnancies?	Is there any additional information you would like us to know about your previous pregnancies?
<input type="radio"/> Yes <input type="radio"/> No	<hr/>

Webster Technique Agreement

? I acknowledge that the Webster Technique is a specific chiropractic analysis and diversified adjustment. The goal of the adjustment is to reduce the effects of sacral/pelvic subluxation and/or SI joint dysfunction. In doing so neuro-biomechanical function in the pelvis is improved.

? I acknowledge that in a theoretical and clinical framework of the Webster Technique in the care of pregnant women, sacral subluxation may contribute to difficult labor for the mother (i.e., dystocia). Difficult labor is caused by inadequate uterine function, pelvic contraction, and baby mal-presentation. The correction of sacral subluxation may have a positive effect on the causes of difficult labor.

? I acknowledge that sacral misalignment may contribute to these primary causes of difficult labor via uterine nerve interference, pelvic misalignment and the tightening of specific pelvic muscles and ligaments. The resulting tense muscles and ligaments and their abnormal effect on the uterus may prevent the baby from comfortably assuming the best possible position for birth.

? I understand that this sacral/pelvic analysis and adjustment may be used on all weight bearing spines: male, female, pregnant or not pregnant.

? I acknowledge that this is not a breech turning or in utero-constraint technique

By signing this form, I understand the purpose of the Webster Technique and I agree to have the doctor perform the technique on me at her discretion. By signing this form, I also verify that all of my information is correct and that I have completed all questions with as much information as is possible.

Signature	Date Signed
	<hr/>
Printed Name	Email
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