

Case History for Pregnant Patient

Date _____

Name _____ Date of Birth _____

Home Telephone _____ Work Telephone _____

Name of Husband _____ Husband's Employment _____

Insurance Information _____

Did a health problem prompt you to visit a chiropractor? _____ Explain _____

Previous Major Illness or Surgery _____

Medications you are currently taken or have taken since conception _____

Allergies _____

Do you smoke? _____ (If no did you ever smoke)? _____ How Long _____

Do you drink? None _____ Social (Fewer then 2 daily) _____ Heavy (2 or more daily) _____

List the foods you eat daily and summary of your diet habits _____

What type of exercises do you do? _____

Age at last menstrual cycle? _____ Length of regular menstrual cycle? _____

Are your cycles regular? Always _____ Most of the time _____ Never _____

Date of your last menstrual cycle _____ Was it normal? _____

Date of last x-rays if any? _____ Why and by whom? _____

Have you had any previous pregnancies? Explain _____

Have you had past cesareans? _____ How many? _____

Have you had a previous D&C? _____ How many and dates? _____

Do you have any of the following?

Diabetes _____ Asthma _____ Rh negative blood _____ Other chronic problems _____

Have you taken birth control pills? _____ Type _____

Have you used an IUD? _____ Date of removal _____

Did you have any health problems during previous pregnancies? Explain _____

Have you ever received chiropractic care? _____ Dr's. Name _____

Results _____

Who referred you to our office? _____

Name of your obstetrician? _____ Nurse/Midwife? _____

Other _____

Where do you plan to have your baby? _____

What symptoms of pregnancy have you already experienced? _____

Additional comments _____