

What type of birth do you intend on having?

- Vaginal
- Cesarian
- VBAC

Where do you intend on having your baby(s)?

- Home
- Hospital
- Birth Center

Overall pregnancy Experience?

Previous Chiropractor? _____

When was your last visit with them? _____

Have you created a Birth Plan? YES / NO (circle one)

How many children do you have currently (list ages and names)?

Are you currently taking any medications or supplements (please list)? _____

Have you been vaccinated during pregnancy? _____

What is your sleep quality(circle one)? Good/ Fair/ poor How many hours/night? _____

Do you exercise currently(circle one)? Yes / No

What type of exercise and how often? _____

Do you have concerns from a previous pregnancy, labor, birth or postpartum period that you would like to address during this pregnancy? _____

CONSENT TO TREATMENT:

To the best of my knowledge, this form is accurate and complete. I have disclosed all known health conditions and will inform Dr. Suzanne Tamlyn or Dr. Chad Weinstein of any changes in my health status at the beginning of future appointments. I agree to discuss my pregnancy as it progresses and I consent to treatment.

Signature: _____ Date: _____