

Healing Hands Chiropractic
Dr. Megan Cloud, D.C.

Congratulations on your pregnancy! It is important for us to know your PAST history and current GOALS, so please give us some information that will help us to take care of you:

Your Name: _____

"Guess" Date (EDD): _____ # of weeks currently pregnant _____

The reason for this visit is a result of: *Wellness Visit* *Low Back Pain* *Pubic Symphysis Discomfort*
Pelvic/Hip discomfort *Headache/neck pain* *Other* _____

of Previous Pregnancies: Vaginal _____ C-Section _____ Miscarriage _____

In this pregnancy, have you experienced: *Use of infertility drugs/In-Vitro* *Morning Sickness*
Pre-Eclampsia *Other* _____ Did you receive the Covid-19 shot? _____

Please tell us about any complication if any, you experienced in previous pregnancies:

What birth class have you decided to take (did you take)? *Bradley* *Hypnobabies/Hypnobirthing*
Lamaze *Hospital class* *Not sure yet* *None* *Private class/other:* _____

Where do you plan to give birth? *Home* *Birth Center* *Hospital* *Which One?* _____

Do you plan to use an Obstetrician or a Midwife? _____

Do you plan to use Doula? _____ If so, who: _____

Are you taking any supplements and/or vitamins? *Yes* *No* If yes, what product(s):

What are your hopes or expectations for the birth? *Natural birth* *Epidural only if necessary*
Definite Epidural *VBAC* *Planned C-Section* *Unsure* *Other* _____

What is your biggest fear going into this birth? _____

May we have your permission to contact your birth attendant and doula to confer with them and share information regarding the chiropractic care that you are receiving here? YES NO

Signature

Date