City Fit Family Chiropractic Center LLC | 510 SW 3rd Ave, Suite 210 | Portland, OR 97204 | 503-224-5010

PREGNANCY – NEW PATIENT QUESTIONNAIRE

Patient Name:_____DOB:_____Date:_____
First day of your last menstrual period:_____
How many weeks pregnant are you? _____ Approx. Due Date:_____

1st pregnancy? Y / N If no, how many other children do you have? _____
If no, how many other pregnancies have you had?_____

Purpose for seeing us today:_____

Other doctors / health professionals seen for this condition? Y / N

If yes, please tell us about who you saw and what they did: _____

Prenatal History
Name of OB-GYN / Midwife / Clinic:_____

Complications during this pregnancy? Y / N explain:_____

Medications during this pregnancy? Y / N explain:_____

Ultrasounds / amniocentesis / other testing? Y / N explain:_____

Where are you planning on having the baby? Home Birth Center Hospital

Are you planning on having labor support / doula?_____

Have you taken / planning to take any childbirth education classes? Y / N Where?_____

Are you planning on using a specific labor support technique? _____

Previous Births (not applicable ☐)
Home Birth Center_____ Hospital_____

How many weeks were you at delivery?_____

Name of OB-GYN / Midwife / Clinic:_____

Describe your labor:_____
_____

Any complications?_____

Exercise and Nutrition
Do you exercise? Y / N What type of exercise? _____
What does your diet consist of?_____
Have you had any nausea or vomiting?_____
Are you taking a prenatal vitamin? Y / N other supplements? _____
Coffee or other caffeine? Y / N amount per day:_____