

**PRENATAL CHIROPRACTIC INTAKE FORM**

Thank you for trusting us with your care at this delicate time in your life. We ask that you fill out this form so that we know a little more about you, your philosophy, and others you entrust with your care. Thank you – HHC Staff

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Pregnancy**

How many weeks along are you? \_\_\_\_\_\_\_\_\_\_\_\_ Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is my \_\_\_\_\_\_\_\_\_\_ (1st, 2nd, 3rd, etc.) Pregnancy; I have \_\_\_\_\_\_\_\_\_\_ (#) other children.

Who else is involved in your care? Ob/Gyn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Midwife: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you considered a high risk pregnancy? \_\_\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have planned to deliver at: Hospital Birth Center Home

During this pregnancy and/or past pregnancies I have been hospitalized for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you experienced any trauma? Auto accidents, slip and falls, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the goal of your visit today? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you see a chiropractor for previous pregnancies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, who did you see? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else you would like for us to know about your pregnancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Doctor is a Certified Webster Practitioner. The Webster Technique, developed by Larry Webster D.C, was designed to address pelvic malposition in the expectant mother by giving special attention to muscular, ligamentous, and structural function.

The purpose of addressing pelvic malposition during pregnancy is to eliminate restrictions on fetal movement. This is done by drastically decreasing or even eliminating distortion patterns, loosening muscular attachments, and freeing ligamentous constraint. What does all of this mean? More comfort for mom and little one during pregnancy and birth; optimal fetal positioning because he/she can move without constraint! Constraint during the delivery can result in unnecessary interventions.

By signing this form you are stating that you understand that Webster Technique is not guaranteed to “turn babies” or eliminate time and/or discomfort associated with labor. The Doctor is trained to address the musculoskeletal complaints of the patient. You are also verifying that all information is true and accurate to the best of your knowledge.

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Signature Date

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