InTouch Health Pregnancy Questionnaire
Name: Date:
Previous Birth Experience(s)
Is this your first pregnancy? Yes No If not, please tell us about you previous pregnancy and/or birth experience(s). ( <i>Duration, interventions, etc.)</i>
Do you plan to follow a similar plan to your previous delivery? Yes No Please, explain:
Conception & Early Pregnancy
When is your expected/estimated due date?
Did you have any difficulty conceiving? Yes No If yes, please explain:
Have you ever used any form of hormone or oral contraceptive? Yes No If yes, which ones and for how long?
When was your last menstrual cycle?
What was your pre-pregnancy weight? Current Weight:
Have you experienced morning sickness? Yes No If yes, please explain:
Current Health Status
What types of exercise(s) and/or stretches are you performing?
What is your current diet like? Any restrictions?
Have you taken any medications or supplements during pregnancy? Yes No If yes, please explain:
Have you experienced any slips, falls, or other traumas during this pregnancy? Yes No If yes, please explain:
Any major emotional stressors during your pregnancy? Yes No If yes, please explain:

Your Birth Plan
Your top three goals for your pregnancy:   1.   2.   3.
Do you currently have a birth plan? Yes No If yes, please explain:
Are you taking any prenatal or birthing classes? Yes No If yes, please explain:
Who is your OB/GYN or Midwife? Will they be present for delivery? Yes No
Who is your birth provider?
Do you intend to have a doula or birth coach present? Yes No Please explain:
Do you plan to have a vaginal delivery? Yes No If no, what concerns do you have?
Post-Birth Plan
Do you plan on breastfeeding your child? Yes No Please explain:
What do you intend to do about vaccinations?
Anything else you would like to tell us about your pregnancy or birth plans?
What would you like to gain from chiropractic care during your pregnancy?
Do you have any questions you would like to be sure are asked/answered today?