



Live Empowered Chiropractic LLC

## Prenatal Health History

### What is your reason for scheduling an appointment and showing up today?

- Diastasis Rectus Abdominis
- Urinary Incontinence
- Pelvic Floor Dysfunction
- Lower Back Pain or Discomfort
- Groin and/or Pubic Area Pain or Discomfort
- Breech, Transverse, or Posterior Baby
- Other: \_\_\_\_\_

### Are you pregnant? Y N

Weeks \_\_\_\_\_ Estimated Due Date: \_\_\_\_\_

# of Pregnancies \_\_\_\_\_ # of Vaginal Births \_\_\_\_\_ # of Cesarean Births \_\_\_\_\_

Names and Ages of Children \_\_\_\_\_

### Brief Birth History

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### Birth Team

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

OB/GYN: \_\_\_\_\_

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

Other: \_\_\_\_\_

Where will you be birthing your baby?

Hospital \_\_\_\_\_ Home \_\_\_\_\_ Birthing Center \_\_\_\_\_ Other \_\_\_\_\_

Have you taken, or do you plan to take, any childbirth education classes? If so, which one?

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