Synergy Chiropractic
6250 Orchard Lake Road, Suite B
West Bloomfield, MI 48322

Confidential Pregnancy Case History

Name:_____ Date: _____ DOB:_____

Address: _____ City: _____

State _____ Zip Code: _____ Telephone: Home: _____

Work: _____Cell: _____

Messages may be left at (*check all that apply*):❑Home ❑Work ❑Cell

Whom may we thank for referring you? _____

Email: _____ Age: _____

Status: ❑ M ❑ S ❑ W ❑ D Occupation: _____

Spouse /Co-Parent Name: _____ # of Children: _____

Ages (*check any that apply*):❑0-5 ❑6-12 ❑13-19 ❑20+

Are you currently under the care of any health care practitioner for any other conditions?

❑ YES ❑ NO   _____

Please list any specialists (*i.e. cardiologist, oncologist*) who you are currently under the care of: _____

Who is your OB/GYN and practice name: _____

May we contact your OB/ birth partners regarding your care? _____

If applicable, who is your family's pediatrician: _____

How many weeks along are you in pregnancy? _____ When is your due date:_____

Are you currently using or used in the past any of the following birth partners?

Pregnancy Chiropractor   Doula   Midwife   Acupuncturist   Pre-Natal Yoga

Name of birth partner: _____

Are you on supplementation during this pregnancy? (Prenatal vitamins, etc?) If so, what are you currently taking? _____

HISTORY OF PHYSICAL TRAUMA

Was your birth: ❏Natural   ❏Drug Induced   ❏Forceps/Suction   ❏C-Section

Have you ever experienced: ❏Concussion ❏Slip/Fall ❏Broken Bones
❏Sports/Dance Injury ❏Other _____

Have you ever had an automobile accident: ❏ YES ❏ NO

If YES, when: ❏ past year ❏ 1-5 years ago ❏ 5+ years ago

Do you feel your home environment is safe for you and/or your

child/children ❏ YES   ❏ NO

What is your biggest fear during birth? _____

What has been your prior experience of the births of your children?
_____
_____

CURRENT COMPLAINT

Brief description of your chief complaint and how long it has occurred:
_____
_____

Are you aware of the effects of :
__ C sections   ___ Bonding
__Vitamin K   ___ Co- Sleeping
__Circumcision ___ Chiropractic for Children

Are you interested in our pregnancy holistic moms wellness group at Synergy Chiropractic that meets monthly? _____