



CLIENT HEALTH PROFILE

Mother's Name: _____

Partner's Name: _____

Address: _____

Home Phone: _____

Mom's Mobile: _____ Partner's Mobile: _____

E-mail Address: _____

Emergency Contact: _____

Home Phone: _____ Mobile Phone: _____

Mother's Date of Birth: _____

Expected Due Date: _____

Has your caregiver changed your Due Date? No Yes If Yes, Why? _____

Do you know the baby's gender? Boy Girl It's a surprise!

Caregiver's Practice Name and Address: _____

Hospital/Birth Center: _____

Do you see other providers (ie: Chiropractor, Acupuncturist, Homeopath, Massage Therapists, etc)?:

Total number of pregnancies: _____ Total number of live births: _____

Children's names and ages: _____

Do you have any allergies, sensitivities or diet restrictions? _____

Medications you are taking (including prenatal vitamins): _____

Mom – do you smoke? ___Y ___N Dad – do you smoke? ___Y ___N

Currently receiving care for any medical condition (not pregnancy!) or contagious diseases?

Do you have any specific neck, back or pelvis issues? _____

What physical traumas/accidents have you experienced, in your lifetime that you can remember? (falls, car accidents, thrown by horse, broken tailbone, etc.) _____

If you have had a major trauma, was it addressed at the time of the incident?

Have you ever had any procedures done to your cervix? _____

Previous pregnancy complications/discomforts and treatment sought: _____

Current pregnancy complications/discomforts and treatment sought: _____

Prenatal Screenings? (Ultrasounds, Amniocentesis, CVS, RH Titers, Genetic Testing, Other)

Results of Group Beta Strep (GBS) test? _____

Results of Blood Glucose Screen? _____

Besides you and your partner, who will be present at the birth? _____

Do you plan to write your list of birth preferences? ___Y ___N

Do you need assistance with your list of birth preferences? ___Y ___N

Do you plan to breastfeed your baby? ___Y ___N

List any questions or concerns about breastfeeding: _____

Have you attended any classes on childbirth, labor coping techniques, newborn care, etc? If so, which ones? _____
