



11820 Ulysses St. NE Ste. 140
Blaine, MN 55434
evolvechiro@mn@gmail.com
www.evolvechiro@mn.com

PRENATAL INTAKE

First Name: _____ Last Name: _____

Weeks gestation: _____ Estimated due date: _____/_____/_____ Is this your first pregnancy? YES NO

If not, how many pregnancies have you had? _____ # Vaginal Delivery _____ # Cesarean Section _____

Name of your Physician/Midwife/OBGYN?: _____

Planned Location for birth: *Hospital* *Birth Center* *Home* Name of Facility: _____

Have you had complications with this pregnancy? YES NO If yes, please explain: _____

Have you received chiropractic care with other pregnancies? YES NO

Reason for seeking care _____ Date of onset _____

How did symptoms start? *Sudden* *Gradual* **Are symptoms -** *Constant* *Intermittent*

Have you ever suffered from: (please circle)

Dizziness:	Before Pregnancy	During Pregnancy
Back Pain:	Before Pregnancy	During Pregnancy
Hip Pain:	Before Pregnancy	During Pregnancy
Sciatica:	Before Pregnancy	During Pregnancy
Neck Pain:	Before Pregnancy	During Pregnancy
Water Retention:	Before Pregnancy	During Pregnancy
Diabetes:	Before Pregnancy	During Pregnancy
High Blood Pressure:	Before Pregnancy	During Pregnancy
Headaches:	Before Pregnancy	During Pregnancy
Asthma:	Before Pregnancy	During Pregnancy
Digestion Issues:	Before Pregnancy	During Pregnancy
Sinus Issues:	Before Pregnancy	During Pregnancy

Have you experienced any morning sickness? YES NO If yes, frequency: _____

Did you have any difficulty conceiving? YES NO If yes, explain: _____

***PLEASE CONTINUE TO NEXT PAGE**

Do you currently have a birth plan? YES NO If yes, please describe your wishes: _____

Are you taking or plan to take any prenatal or birthing classes? YES NO If so, which _____

What are your top 3 goals for this pregnancy?

1.

2.

3.

What would you like to gain from chiropractic care during your pregnancy? : _____

Do you wish to have a medicine-free/intervention free labor and delivery if possible? YES NO

Are there any concerns that you have? YES NO

If yes, please explain: _____

Is there anything additional you would like to tell us about your birth plan or pregnancy at this time? YES NO

***Would you like a complimentary nervous system evaluation for your baby following delivery?**

YES – Absolutely!

Unsure – but, I'd like to learn more

NO – We are not interested at this time.

Dr. Alec is certified in the *Webster's Technique*, a chiropractic analysis that balances mom's pelvis, eliminating tension on the muscles and ligaments of the uterus. Chiropractic care benefits all aspects of your body's ability to be healthy. This is accomplished by working with the nervous system--the communication system between your brain and body. Doctors of Chiropractic work to correct spinal, pelvic and cranial misalignments (subluxations). When misaligned, these structures create an imbalance in surrounding muscles and ligaments. Additionally, the resulting nerve system stress may affect the body's ability to function optimally!

Signature: _____ **Date:** ____/____/____