Harbor Bay
CLINIC OF
CHIROPRACTIC

Stacey Dent, D.C., B.C.A.O.
23620 Three Notch Rd. Unit 104
Hollywood, MD 20636
P: 301-373-3731 F: 301-373-3970
HarborBayChiropractic.com

PREGNANCY INTAKE FORM

Discover Your True Health Potential.

Current Week of Pregnancy: _____ 'Guess' Date: _____ Sex: Male / Female / Unknown

Name of OB/Midwife: _____

Name & Address of the Practice: _____

May we contact them? YES / NO

Name of Doula: _____ Name of the practice: _____

May we contact them? YES / NO Have you created a Birth Plan? YES / NO

CASE HISTORY

Please check if any of these pertain to you:

- ☐ Over the age of 36
- ☐ First Pregnancy
- ☐ Pregnant with Multiples
- ☐ Morning sickness, vomiting, nausea
- ☐ Gestational Diabetes
- ☐ High Blood Pressure
- ☐ Placental Dysfunction
- ☐ Swollen feet and/or hands
- ☐ Phlebitis
- ☐ Varicose Veins
- ☐ Pubic Pain
- ☐ Low back pain
- ☐ Bed rest
- ☐ Other: _____

- ☐ Headache
- ☐ Heartburn
- ☐ Indigestion
- ☐ Constipation
- ☐ Breech/Transverse
- ☐ Leg Cramps/Restless legs
- ☐ Difficulty sleeping
- ☐ Bladder or kidney infection
- ☐ Pre-eclampsia
- ☐ Premature labor
- ☐ Threatened Miscarriage
- ☐ Sciatic Pain
- ☐ Neck Pain
- ☐ High risk

What type of birth do you intend on having?

- ☐ Vaginal
- ☐ Cesarian
- ☐ VBAC

Where do you intend on having your baby?

- ☐ Home
- ☐ Hospital
- ☐ Birth Center

CASE HISTORY

Have you been vaccinated during pregnancy? YES /NO Which Vaccines? _____

What is your sleep quality? GOOD/ FAIR / POOR How many hours/night? _____

Do you exercise currently? YES / NO What type of exercise and how often? _____
_____

Do you have concerns from a previous pregnancy, labor, birth or postpartum period that you would like to address during this pregnancy? _____
_____
_____

INFORMED CONSENT FOR CHIROPRACTIC CARE

CONSENT TO TREATMENT:
To the best of my knowledge, this form is accurate and complete. I have disclosed all known health conditions and will inform Dr. Stacey Dent, D.C. of any changes in my health status at the beginning of future appointments. I agree to discuss my pregnancy as it progresses and I consent to treatment.

Signature: _____ Date: _____