

Prenatal Form

Name: _____ Date: _____

Pregnancy & Birth

Reason for this visit: In-Utero Constraint (Breech, posterior, transverse) Backache of pregnancy
 Groin / Pubic pain Headache Chronic Condition Prenatal Wellness Other: _____

Weeks pregnant: _____ Estimated due date: _____

previous pregnancies: Vaginal _____ C-section _____ Miscarriage _____

Number of Ultrasounds received: _____

Birth Location (please circle): HOME HOSPITAL BIRTH CENTER OTHER:

Will your birth be attended by: OB/GYN Midwife Name: _____

Will you be using a doula? Yes No If so, who? _____

What are your hopes and expectations for the birth? Natural Birth (no interventions if at all possible)
 Epidural only if necessary Definite epidural VBAC Planned C-section Unsure, will let the doctors decide Unsure, but would like to know more and be an advocate for my birth

Please mark topics you would like to know more about: Doula Homebirth Birthing Class
 Birth Plan Circumcision Breastfeeding Chiropractic for Infants & children Postpartum Plan
 Postpartum Core & Pelvic Floor Rehab Other: _____

Will you be taking a birthing class? Yes No Not Sure

Movement

Functional Training can be the best supplement to a busy lifestyle. Exercise enhances overall health for everyone involved, mom and baby.

Do you move regularly? Yes No Would like to move more

What type of training do you do? : _____

How many days a week do you train? _____

Do you have any rest/recovery days? _____

Do you incorporate any strength training into your workouts? _____

Do you incorporate any recovery style treatments? (i.e. massage, rolfing, foam rolling, sauna, other body work): _____

Describe your typical week of training? _____

Webster Agreement

I acknowledge that the Webster Technique is a specific chiropractic analysis and diversified adjustment. The goal of the adjustment is to reduce the effects of sacral/pelvic subluxation and/or SI joint dysfunction. In doing so, neuro-biomechanical function in the pelvis is improved.

I acknowledge that in a theoretical and clinical framework of the Webster technique in the care of pregnant women, sacral subluxation may contribute to difficult labor for the mother (i.e. dystocia). Difficult labor is caused by inadequate uterine function, pelvic contraction and baby mal-presentation. The correction of sacral subluxation may have a positive effect on the causes of difficult labor.

I acknowledge that sacral misalignments may contribute to these primary causes of difficult labor via uterine nerve interference, pelvic misalignment and the tightening of specific pelvic muscles and ligaments. The resulting tense muscles and ligaments and their abnormal effect on the uterus may prevent the baby from comfortably assuming the best possible position for birth.

I understand that this sacral/pelvic analysis and adjustment may be used on all weight bearing spines: male, female, pregnant or non pregnant.

I acknowledge that this is not a breech turning technique.

By signing this form I understand the purpose of the Webster Technique and I agree to have the doctor(s) of Phillip Chiropractic perform the technique on me at his/her discretion.

Printed Name: _____

Patient/Parent-Guardian Signature: _____ Date: _____

Postpartum

Dr. Liz teaches classes for postpartum women. During the motherhood transition, it is important while mom is taking care of baby, that she also takes time for herself to heal her body, mind and soul.

Do you have a plan for your postpartum journey? No Yes If yes, Please Explain: _____

Would you like more info on the BIRTHFIT postpartum Series? No Yes!