

Dr. Bradley T. Miller  
Orange County Family Wellness  
2183 Fairview Rd. Ste. 105, Costa Mesa, CA 92627  
949-650-8970 e-mail: drbrad@msn.com  
www.ocfamilywellness.com

## **Case History for Pregnant Mothers**

Name: \_\_\_\_\_  
Previous chiropractic care? \_\_\_\_\_  
Who referred you here? \_\_\_\_\_

### **Prenatal history:**

- 1) Is this your first pregnancy? \_\_\_\_\_
- 2) How many other births have you had? \_\_\_\_\_
- 3) How many weeks pregnant are you now? \_\_\_\_\_
- 4) Have you experienced any traumas during this pregnancy? (accidents, falls) \_\_\_\_\_  
Please describe \_\_\_\_\_
- 5) Any medications taken during this pregnancy? \_\_\_\_\_
- 6) Do you smoke or drink alcohol? \_\_\_\_\_
- 7) Have you had any evaluation procedures (ultrasound, amniocentesis, chorionic villus sampling) ? \_\_\_\_\_
- 8) Please list dates, frequency and reason for these procedures:  
\_\_\_\_\_
- 9) How has your diet been during this pregnancy? \_\_\_\_\_
- 10) Has there been any stressful events in your life during this pregnancy? \_\_\_\_\_  
\_\_\_\_\_
- 11) What are your most significant fears associated with this birth? \_\_\_\_\_  
\_\_\_\_\_
- 12) Who is your birth care provider? \_\_\_\_\_
- 13) Will you have someone with you at birth for support (other than birth care provider)  
Please specify who \_\_\_\_\_

14) Where do you plan on delivering? \_\_\_\_\_

15) Have you put together a birth plan? \_\_\_\_\_

**Previous Birth History:**

1) **Place of birth:** hospital, birthing center, home.

2) **Delivering Practitioner:** OB/Gyn, Certified Nurse Midwife, Certified Practicing Midwife, Lay Midwife

3) **Position of Delivery:** Lithotomy position (on back with feet up), On Your Side, Kneeling, Squatting, Other? \_\_\_\_\_

4) **Was labor induced?** (Contractions were stimulated *prior* to the natural onset of labor) Yes No Unknown

**If yes, specify type:** Pitocin, Prostaglandin Gel (applied to your cervix), Unknown

5) **Were your membranes ruptured by your care provider?** Yes No Unknown

6) **Were contractions stimulated intravenously with pitocin *once* labor started?** Yes No Unknown

7) **Did you receive any pain medications or anesthesia?** Yes No Unknown

**Please specify type used** \_\_\_\_\_

**If you had an epidural, how many centimeters were you dilated when it was administered?** \_\_\_\_\_

8) **Did you experience back pain during labor?** Yes No Unknown

9) **Did you deliver vaginally?** Yes No

10) **Baby presentation at time of delivery:** Normal, Posterior, Brow, Facial, Breech,

**If breech, specify type:** Footling, Frank, Complete, Kneeling

**Was there any visible injury to your baby?** Yes No Unknown

**If so, where on your baby was the injury sustained?** \_\_\_\_\_

11) **Did your care provider assist delivery with his/her hands?** Yes No Unknown

**Was there any turning of the neck, or traction (pulling ) applied to the neck?**

Yes No Unknown

12) **Were operative devices used used to facilitate the birth?** Yes No Unknown

**Which type?** Forceps Vacuum Extraction

**If yes, was there any visible signs of injury to your baby?** Yes No Unknown

**If yes, where was the injury sustained?** \_\_\_\_\_

13) **Was there a birthing coach present?** husband, doula, friend, other

**If other, please specify:** \_\_\_\_\_.

14) **At what week of pregnancy was your baby born?** \_\_\_\_\_