

# FIVE POINTS CHIROPRACTIC WELLNESS CENTER

## Pregnancy and Birth History

Text Field

Today's Date:

Child's Name  Sex:  F  M Date of Birth

Mother's Name  What was the term of your pregnancy?  weeks

### DURING YOUR PREGNANCY, DID YOU HAVE ANY OF THE FOLLOWING?

	YES	NO		YES	NO
Falls?	<input type="checkbox"/>	<input type="checkbox"/>	Seizures?	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Accident?	<input type="checkbox"/>	<input type="checkbox"/>	Swollen ankles?	<input type="checkbox"/>	<input type="checkbox"/>
Near-miss MVA?	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems?	<input type="checkbox"/>	<input type="checkbox"/>
High B.P?	<input type="checkbox"/>	<input type="checkbox"/>	Heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Back pain?	<input type="checkbox"/>	<input type="checkbox"/>
Anemia?	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
Morning Sickness?	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
Indigestion?	<input type="checkbox"/>	<input type="checkbox"/>	Any other illness?	<input type="checkbox"/>	<input type="checkbox"/>

### DURING YOUR PREGNANCY, DID YOU USE ANY OF THE FOLLOWING:

	YES	NO	
Tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
Non- prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>	Medication <input type="text"/>
Over the counter meds?	<input type="checkbox"/>	<input type="checkbox"/>	Medication <input type="text"/>

**LABOR AND DELIVERY**

How long was the labor from the first regular contractions to the birth?  hours

How long was the 2<sup>nd</sup> stage (the pushing phase) of the labor?  hour

YES NO

Hospital birth

Home birth

Midwife assisted

Vaginal delivery

Planned C- section

Emergency C-section

Was birth induced (Pitocin)

Forceps delivery

YES NO

Vacuum extraction

Anesthesia administered

Fetal distress

Meconium staining

Head presentation

Face presentation

Breech presentation

**BABY'S CONDITION IMMEDIATELY AFTER BIRTH:**

Apgar scores: At 1 minute /10 At 5 minutes /10

Baby's crying Baby cried immediately after birth

Cried strongly  Weak cry  Did not cry for  minutes

Baby's color Pink all over  Blue face  Blue hands/feet

Baby's activity Arms and legs actively moving  Floppy baby

Intensive care Was required  Days in Neonatal intensive care unit

Medication given at birth?  Vaccines administered

Birth weight  lbs/kgs Birth length  ins/cms Baby home on day