

Prenatal Health History Form

In order to provide you the best possible care, please complete this form and bring it with you to your first appointment.

All information is strictly CONFIDENTIAL.

| First name: Last Name: Date: | Patient Information | | | | | | |
|---|---------------------------------------|-----------------------|---------------|-------------------------|-------------|----|--|
| State: Zip Code: Primary Phone (Cell/Home/Work): Email: | First name: | | Last Name | :: | Date: | | |
| Secondary Phone (Cell/Home/Work): | Address: | | | City: | | | |
| Secondary Phone (Cell/Home/Work): | State: Zip Co | ode: | Primary F | Phone (Cell/Home/Work): | | | |
| Date of Birth: | | | | | | | |
| Occupation:Employer: | | | | | | | |
| Maternity Leave? (if applicable) Yes No How long? | | | | | | | |
| Marital Status:Spouse/Partner: Spouse Occupation:Employer: Emergency Contact:Phone: Patient Health This pregnancy is: Planned Unexpected (Circle all that apply) Natural Fertility Briefly describe your current complaint/injury: | | | | | | | |
| Spouse Occupation: Employer: Phone: Patient Health This pregnancy is: Planned Unexpected (Circle all that apply) Natural Fertility Briefly describe your current complaint/injury: Date symptoms appeared: Have you ever had the same condition: Yes No If yes, when? Have you been treated for any other conditions in the last year? Yes No If yes, please describe: Date of last physical exam/prenatal exam: Symptom description Yes No Do you experience pain every day? o o Do your symptoms interfere with daily life? o o | | | | | | | |
| Emergency Contact: | | | | | | | |
| Patient Health This pregnancy is: Planned Unexpected (Circle all that apply) Natural Fertility Briefly describe your current complaint/injury: | | | | | | | |
| This pregnancy is: Planned Unexpected (Circle all that apply) Natural Fertility Briefly describe your current complaint/injury: | | | | Priorie | | | |
| (Circle all that apply) Briefly describe your current complaint/injury: | <u>Patient Health</u> | | | | | | |
| Briefly describe your current complaint/injury: | This pregnancy is: | Planned | Unexpe | ected | | | |
| | (Circle all that apply) | Natural | Fertility | <i>'</i> | | | |
| Have you ever had the same condition: Yes No If yes, when? Have you been treated for any other conditions in the last year? Yes No If yes, please describe: Date of last physical exam/prenatal exam: Symptom description Do you experience pain every day? Do your symptoms interfere with daily life? No o o | Briefly describe your curre | ent complaint/injur | y: | | | | |
| Have you ever had the same condition: Yes No If yes, when? Have you been treated for any other conditions in the last year? Yes No If yes, please describe: Date of last physical exam/prenatal exam: Symptom description Do you experience pain every day? Do your symptoms interfere with daily life? No o o | | | | Date symptom | s appeared: | | |
| If yes, please describe: Date of last physical exam/prenatal exam: Symptom description Do you experience pain every day? Do your symptoms interfere with daily life? Yes No o o | Have you ever had the sai | ne condition: | Yes | | | | |
| Date of last physical exam/prenatal exam: | Have you been treated fo | r any other condition | ons in the la | ast year? Yes N | 0 | | |
| Date of last physical exam/prenatal exam: | • | • | | • | | | |
| Symptom descriptionYesNoDo you experience pain every day?ooDo your symptoms interfere with daily life?oo | | | | | | | |
| Do you experience pain every day? Do your symptoms interfere with daily life? o o o | | | | | Voc | No | |
| Do your symptoms interfere with daily life? o o | · · · · · · · · · · · · · · · · · · · | | | | + | | |
| | | | | | | | |
| | | · | | | 0 | 0 | |
| Are your symptoms worse during certain times of the day? o o | | | nes of the o | dav? | | | |
| Do you wear orthotics o o | | | | ,- | | | |
| Do you take vitamin supplements? | Do you take vitamin sup | plements? | | | 0 | | |
| What activities aggravate your symptoms? | | | | | I | .1 | |
| | | | | | | | |

| Aroken bones? Aroken bones? Aroken bones? Aroken bones? Aroken bones? Aroken bonesitalized, not associated with pregnancy? Aroken hospitalized, associated with pregnancy? Aroken in an auto accident? Aroken in an auto accident? Aroken struck unconscious? Aroken struck unconscious. Aroken struck unco | | | | | | | |
|--|--|-------------|--------|--------------|-------------|----------------|--------|
| Aroken bones? Aroken bones? Aroken bones? Aroken bones? Aroken bones? Aroken bonesitalized, not associated with pregnancy? Aroken hospitalized, associated with pregnancy? Aroken in an auto accident? Aroken in an auto accident? Aroken struck unconscious? Aroken struck unconscious. Aroken struck unco | Vhat vitamins, minerals or herbs do you currently take? | (Please lis | t cond | itions, dosa | ge, and fre | quency). | |
| Aroken bones? Aroken bones? Aroken bones? Aroken bones? Aroken bones? Aroken bonesitalized, not associated with pregnancy? Aroken hospitalized, associated with pregnancy? Aroken in an auto accident? Aroken in an auto accident? Aroken struck unconscious? Aroken struck unconscious. Aroken struck unco | | | | | | | |
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| seen hospitalized, not associated with pregnancy? Idea hospitalized, associated with great heavy associated with g | Have you ever: | Yes | No | Briefly ex | plain: | | |
| deen hospitalized, associated with pregnancy? Ideen in an auto accident? Ideen in an auto accident? Ideen struck unconscious? Ideen struck unconscious. | Broken bones? | 0 | o | | | | |
| deen in an auto accident? lad sprains/strains? lad sprains/strains? lad surgery? lad surgery lad surge | Been hospitalized, not associated with pregnancy? | 0 | o | | | | |
| Add sprains/strains? Seen struck unconscious? Add surgery? None Light Moderate Heave the the the the the the the the the th | Been hospitalized, associated with pregnancy? | 0 | О | | | | |
| Read surgery? Read surgery. Read s | Been in an auto accident? | 0 | О | | | | |
| Adabits: None Light Moderate Heav Micohol O O O O O O O O O O O O O O O O O O | Had sprains/strains? | О | О | | | | |
| Habits: None Light Moderate Heav Alcohol O O O O O O O O O O O O O O O O O O O | Been struck unconscious? | 0 | o | | | | |
| Alcohol O O O O O O O O O O O O O O O O O O O | Had surgery? | О | 0 | | | | |
| Alcohol O O O O O O O O O O O O O O O O O O O | | | | | | | |
| formation (if applicable) surance Information (| labits: | | | None | Light | Moderate | Heavy |
| robacco | Alcohol | | | 0 | 0 | О | 0 |
| Prugs, non-prescribed O O O O O O O O O O O O O O O O O O O | Coffee | | | o | 0 | О | 0 |
| ish O O O O O O O O O O O O O O O O O O O | obacco | | | o | 0 | О | 0 |
| Askercise O O O O O O O O O O O O O O O O O O O | Drugs, non-prescribed | | | 0 | O | О | 0 |
| Appetite OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO | -ish | | | 0 | 0 | О | 0 |
| Appetite Soft Drinks OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO | Exercise | | | 0 | 0 | О | 0 |
| Noter O O O O O O O O O O O O O O O O O O O | Sleep | | | o | 0 | О | 0 |
| Water O O O O O O O O O O O O O O O O O O O | Appetite | | | 0 | 0 | О | 0 |
| salty Foods o o o o o o o o o o o o o o o o o o o | Soft Drinks | | | o | 0 | О | 0 |
| sugary Foods Artificial Sweeteners O O O O O Surance Information (if applicable) ame of party responsible for payment: O you have health insurance? Yes No Name of company: Inderstand and agree that health/accident insurance policies are an arrangement between an insurance carrier and yself. I understand and agree that all services rendered to me and charged are my personal responsible for timely syment. I understand that if I suspend or terminate my care/treatment, any fees for professional services to me will immediately due and payable. | Water | | | o | 0 | О | 0 |
| surance Information (if applicable) ame of party responsible for payment: by you have health insurance? Yes No Name of company: anderstand and agree that health/accident insurance policies are an arrangement between an insurance carrier and yself. I understand and agree that all services rendered to me and charged are my personal responsible for timely syment. I understand that if I suspend or terminate my care/treatment, any fees for professional services to me will impediately due and payable. | Salty Foods | 0 | 0 | О | О | | |
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| ame of party responsible for payment: you have health insurance? Yes No Name of company: Inderstand and agree that health/accident insurance policies are an arrangement between an insurance carrier and yself. I understand and agree that all services rendered to me and charged are my personal responsible for timely syment. I understand that if I suspend or terminate my care/treatment, any fees for professional services to me will amediately due and payable. | Artificial Sweeteners | | | o | 0 | О | 0 |
| inderstand and agree that health/accident insurance policies are an arrangement between an insurance carrier and yself. I understand and agree that all services rendered to me and charged are my personal responsible for timely syment. I understand that if I suspend or terminate my care/treatment, any fees for professional services to me will imediately due and payable. | asurance Information (if applicable) ame of party responsible for payment: | | | | | | |
| yself. I understand and agree that all services rendered to me and charged are my personal responsible for timely syment. I understand that if I suspend or terminate my care/treatment, any fees for professional services to me will imediately due and payable. | o you have health insurance? Yes No | Na | ame of | company: _ | | | |
| | yself. I understand and agree that all services rendered | to me an | d char | ged are my p | personal re | esponsible for | timely |
| nereby verify all information provided is correct and true. I understand the insurance agreement, as it | noroby vorify all information provided is source a | nd true | مامررا | rctand tha | incurer | 0 2groomes:-1 | oc i+ |
| | ertains to my treatment. | | | | | | |

Patient Signature: _____ Date: _____