



Welcome...

To Baker Borski Chiropractic

Pregnancy and Birth History

PATIENT INFORMATION

Today's Date _____

Child's Name _____ Sex: M F Date of Birth _____ Age _____
Mother's Name _____ Father's Name _____

MATERNAL HISTORY

Weight Gain _____ lbs.
Maternal medication, vitamins _____

Falls Yes No if, Yes (describe): _____
Motor vehicle accidents Yes No if, Yes (describe): _____
Illnesses Yes No if, Yes (describe): _____

Hypertension? Yes No Date of Diagnosis _____
Preeclampsia? Yes No Date of Diagnosis _____
Diabetes? Yes No Date of Diagnosis _____
RH incompatibility/other blood disorders (anemia)? Yes No Date of Diagnosis _____
Heart problems? Yes No Date of Diagnosis _____
Thyroid problems? Yes No Date of Diagnosis _____
Abnormal bleeding? Yes No Date of Diagnosis _____
High blood pressure? Yes No Date of Diagnosis _____
Swollen extremities? Yes No _____
Tobacco use? Yes No _____
Alcohol/nonprescription drugs? Yes No _____
Previous pregnancies? Yes No How many? _____ Miscarries? Yes No _____

BIRTH HISTORY (May leave remaining information below blank if not yet relevant)

LABOR & DELIVERY

How long was the labor from the first regular contractions to the birth? _____ Hours
How long was the 2nd stage (the pushing phase) of the labor? _____ Hours

Hospital birth	YES	NO	_____
Home birth	YES	NO	_____
Midwife assisted	YES	NO	_____
Vaginal delivery	YES	NO	_____
Planned C-section	YES	NO	_____
Emergency C-section	YES	NO	_____
Was birth induced (Pitocin)	YES	NO	_____
Forceps delivery	YES	NO	_____
Vacuum extraction	YES	NO	_____
Anesthesia administered	YES	NO	_____
Fetal distress	YES	NO	_____
Meconium staining	YES	NO	_____
Head presentation	YES	NO	_____
Face presentation	YES	NO	_____

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____min.

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____