



Pregnancy Intake Form

Legal Name

Date (MM/DD/YY)

Address

Postal Code

Date of Birth (MM/DD/YY)

Age

Marital Status

Number of children (and ages)

Occupation

Home Phone

Cell Phone

Work Phone

Ext.

Email

I want to receive Dr. Maya's Weekly Wellness Tip

(We respect your privacy. We will not share your email with anyone.)

How did you hear about our office?

Prenatal History

Is this your first pregnancy?

If no, how many other births have you had?

Years

Have you had any complications with previous pregnancies? If Yes, explain

How many weeks pregnant are you now?

Estimated Due Date:

Primary care giver for delivery?

Name

What is your planned location for delivery?

Do you have a doula?

Name

Any special arrangements for the birth?

Have you experienced any traumas during this pregnancy? (Accidents, falls, etc) If Yes, explain

Any existing medical conditions? Please list.

Are you taking any medications or supplements during this pregnancy? If Yes, please list

Do you smoke or drink alcohol?

Have you had, or do you have any pregnancy evaluation procedures planned? (i.e. - ultrasound, amniocentesis, chorionic villus sampling, etc.) If Yes, please list the procedure & the reason for each:

How has your diet been during this pregnancy?

What are your most significant fears associated with this pregnancy or birth process?

Current Conditions

Please rank on a scale of 1 to 10 (1 is minimal, 10 is extreme). Please also note if you had this symptom prior to your pregnancy.]

Low Back Pain

Upper Back pain

Neck pain

Rib or Chest pain

Knee Pain

Foot pain

Heartburn/Constipation

Pubic Symphysis pain

Nausea or Vomiting

Headaches

Pain radiating down arms or legs

Dizziness or Lightheadedness

Family History

Please Check

Father's side: _____ Heart Disease Arthritis Cancer Diabetes Stroke Osteoporosis

Mother's side: _____ Heart Disease Arthritis Cancer Diabetes Stroke Osteoporosis

WEBSTER TERMS OF ACCEPTANCE

When a woman seeks the benefits of the Webster In Utero Constraint Technique and we accept a patient for such care it is essential for both to be working towards the same objective:

Chiropractic has only one goal. It is important that each patient understand the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of a force to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function. This results in interferences to the transmission of mental impulses, leading to a decrease in the body's overall, healthy performance.

The tense muscles in the pelvis, caused by misalignment in the sacrum may lead to constraint in the uterus. When the uterus is torqued and constrained in this manner, it is more difficult for the baby to move into the best possible position for birth. The Webster Technique is a specific chiropractic adjustment which corrects subluxation in the sacrum. As a result, the mother's tense pelvic muscles and ligaments relax, enhancing the physiological environment needed for normal baby positioning.

We do not offer to diagnose or treat any condition. We are not turning mal positioned babies. We do not determine baby position. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our method is detection of and specific adjusting of vertebral subluxation.

I have read and fully understand the above statements.

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

Date

Signed _____

To be signed in the office

Cancellations and Missed Appointments

A minimum of 4 HOURS NOTICE is required to cancel an appointment, otherwise you will be charged a missed appointment fee of \$50.00. This fee will NOT be covered by any payment plans.

I, _____ have read and agree to the above statement.

Date:

Signature: _____
(To be signed in the office)