

Dr. _____ Patient Name: _____ File # _____



DR. RENEE LAFRAMBOISE B.Sc., D.C.

Supplemental History Form for Pregnancy

Name _____ Date of Birth _____ Age _____

Current History

Who is your prenatal caregiver? Midwife _____ Obstetrician _____

Are you planning to give birth

☐ At Health Sciences North ☐ At home ☐ Birthing Centre

When is your due date? _____

How many weeks are you now? _____

What is your due date based on?

☐ Ultrasound – when? _____

☐ Known conception time

☐ Other _____

Is this your ☐ First ☐ Second ☐ Third+ Pregnancy?

Have you had any of the following symptoms during pregnancy?

☐ Pelvic pain ☐ Pelvic pressure ☐ High blood pressure ☐ Vaginal bleeding ☐ Pubic joint pain

☐ Rib pain ☐ Other _____

Dr. _____ Patient Name: _____

File # _____

Past Health History

Have you had any previous miscarriages ☐No ☐Yes

Date & reason (if known) _____

Did you have any complications with previous pregnancies? ☐No previous pregnancies

☐Hypertension ☐Gestational ☐Diabetes ☐Breech baby ☐Back pain

☐Other _____

Did you have any complications with previous deliveries?

☐No previous deliveries ☐C-section ☐Epidural used ☐Forceps used

☐Vacuum extraction used ☐Other _____

Before pregnancy, was your menstrual cycle: ☐Regular ☐Irregular

Did you have any of the following menstrual symptoms?

☐Heavy flow ☐Abdominal bloating ☐Mild cramps ☐Severe cramps

☐Endometriosis ☐Low back pain ☐PMS