



Dr. Jud Kendall D.C.
Dr. Pam Kendall D.C.
190 S. Peytonville, Suite 120
Southlake, TX 76092
Office: 817.488.6888
Fax: 817.946.5888
Web: www.kendallcare.com

Pregnancy Questionnaire

When was your last menstrual period? _____

What is your due date, How many weeks are you now? _____

Is this by :(circle) Sonogram or LMP

Is this your first pregnancy? _____

If no, please tell of all previous pregnancies with dates. Was getting pregnant a problem for you? How pregnancy progressed. Any problems you may have encountered. Weight gain and diet. Position of baby. Gestational date when babies arrived and where....home, hospital, birth center. How long was/were your labors (natural, water breaking, induced, epidural, c-section, episiotomy, forceps,vacuum, meconium, etc)? How was your recovery? Did you breastfeed and for how long...any problems with it? Did you vaccinate? *Just a little summary of previous events and any concerns you had or have.*

How much weight have you gained thus far? _____

How have you felt during this pregnancy? _____

What is the issue you want to be treated for? _____

How is this affecting your life? _____

Have you experienced: (Y or N)

Morning sickness? ___ Round Ligament Pain?___ Spotting?___ Braxton Hicks?___

Indigestion?___ Sciatica?___ Swelling?___ Sleep Trouble?___ Tailbone Pain?___

Increased Blood Pressure?___ Itchiness?___ Headaches?___ Pubic Bone Pain?___

Who is your OB or midwife? _____

Are you planning a birth at: (circle) Hospital Home Birth Center

Are you planning natural childbirth? _____

What is your birth plan? _____

What medications if any are you taking, including prenatal vitamins? _____

Tell me about your typical daily diet and exercise regimen. _____

Has your baby been in a breech or posterior position during this pregnancy or in previous pregnancies? _____

List any other items you think are important to your care here. _____
