

AWARENESS IS HEALING® Intake Form

PREGNANCY

Are you currently pregnant or trying to become pregnant? _____

If currently pregnant, how many weeks pregnant? _____ Is this a pregnancy of multiples? _____ How many? _____

What is the general status of your pregnancy? _____

Have there been any significant mood changes? If so, explain. _____

How many pregnancies have you had? _____ Number of deliveries _____

How long has it been since your last pregnancy? _____

Were there any complications? _____

Have you had any miscarriages? _____

Have you had any abortions? (If so, when?) _____

List any Advanced Reproductive Technology (ART) procedures (IUI, IVF, etc.) you have had or are currently undergoing for fertility _____

Have you had prenatal bodywork /massage in the past? _____ How was your experience? _____

Are you currently receiving prenatal care such as: bodywork / massage chiropractic, acupuncture, etc.? Explain _____

How often do you go? _____ What are you treating _____

Have you noticed any pregnancy complications such as: (circle all that apply)			
Pubic Symphysis Dysfunction	Sciatic Pain	Placenta Previa	Leg Cramps
Insomnia	Swelling	Rashes	High Blood Pressure
Breech Positioning	Pre-term Labor	Round Ligament Pain	Headaches
Pregnancy Related Depress	Morning Sickness	Leaking Amniotic Fluid	Bladder Infection