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**Pregnancy Questionnaire:** Congratulations on your pregnancy! It is important for us to know your PAST history and current GOALS. This information will help us take care of you.

Your Name: \_\_\_\_\_ "Guess" Date (EDD): \_\_\_\_\_

Reason For This Visit (please circle):  
+Wellness Visit                      +Low back Pain/Sciatica  
+Pubic Symphysis Pain              +Pelvis/Hip Discomfort              +Neck/Headache Pain  
+Other: \_\_\_\_\_

# of Previous Pregnancies:    Vaginal: \_\_\_\_\_    C-Section: \_\_\_\_\_    Miscarriage: \_\_\_\_\_

I Have Experienced (please circle):    Use of Infertility Drugs/In-vitro Fertilization    Pre-Eclampsia  
Morning Sickness    Gestational Diabetes (GBS)    Traumatic Past Birth Experience

Please tell us about complications in previous pregnancies/births? \_\_\_\_\_

Have you received the Covid-19 Vaccine (please circle)?    Yes    No

Where do you plan to give birth? \_\_\_\_\_

Do you plan to use an OB or Midwife? \_\_\_\_\_    If so, who? \_\_\_\_\_

Do you plan to use a Doula? \_\_\_\_\_    If so, who? \_\_\_\_\_

Are you taking Supplements/Vitamins (please circle)?    Yes    No

If so, what are you taking? \_\_\_\_\_

What are your hopes for the birth (please circle)?    +Natural Birth                      +Planned C-Section  
+Epidural if Necessary              +Planned Epidural                      +VBAC (Vaginal Birth After C-Section)  
+Unsure                      +Other: \_\_\_\_\_

What is your biggest fear with this birth? \_\_\_\_\_

May we have your permission to contact your birth team to confer with them and share your information regarding the chiropractic care you receive here (please circle)?    Yes    No

Birth Team Name(s): \_\_\_\_\_

Clinic/Hospital/Affiliation(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Signature

Date