## **Prenatal History Form**

Welcome to Rubin Family Chiropractic!

Please take a moment to fill out this form and sign the bottom.

Thanks! We will take GREAT care of you here!

Please Print

Last					
D . (D: .)	First			MI	
Date of Birth	Age	Gende	r: Male Fe	emale Non-s	pecified
Address		City		State	Zip
Home Phone	Cell	Cell Pr	rovider	W	ork
SSN					
Number of Children	Marital Status		Name of		
Spouse/Partner					
Emergency Contact: Name		e number		Relation	ship
Preferred Language					
Occupation	Employed b	ру			
Occupation Work Address	Cit	Y		State	Zip
How were you referred to our o	iffice?				
Have you ever had Chiropractic	Care? If Yes	s, when?			
List your chief complaints in ord	ler of severity:				
1	•		a. For how	long?	
2					
3.				how long? how long?	
			1		
List other Doctors consulted for	this condition:				
1.			a. For how	long?	
1. 2.			a. For how		
2			b. For how	long?	
2.				long?	
2. 3.			b. For how	long?	
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2. 3.  Pregnancy information: Due da Is this your 1st pregnancy? Yes	ate: No		b. For how	long?	
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I agree to assume responsibility for any charges created by my chiropractic and additional care, and give consent to be examined and/or treated by Dr. Rubin, interns, and other chiropractors.