

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

Name _____ Date _____
Last First MI
Date of Birth _____ Age _____ Gender: Male Female Non-specified
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell _____ Cell Provider _____ Work _____
SSN _____ Email _____ @ _____
Number of Children _____ Marital Status _____ Name of
Spouse/Partner _____
Emergency Contact: Name _____ Telephone number _____ Relationship _____
Preferred Language _____
Occupation _____ Employed by _____
Work Address _____ City _____ State _____ Zip _____

How were you referred to our office? _____
Have you ever had Chiropractic Care? _____ If Yes, when? _____

List your chief complaints in order of severity:

1.	a. For how long?
2.	b. For how long?
3.	c. For how long?

List other Doctors consulted for this condition:

1.	a. For how long?
2.	b. For how long?
3.	c. For how long?

Pregnancy information: Due date: _____

Is this your 1st pregnancy? Yes ___ No ___

If no, how many pregnancies? _____

How long did it take you to conceive? _____ Any issues with infertility? Yes ___ No ___

Oral contraception use? _____ If yes, for how long? _____

Have you had any miscarriages? Yes ___ No ___

If yes, how many? _____

Previous birth experience: Vaginal ___ Forceps ___ Vacuum ___ Induced ___ C-section ___

Drugs during labor and which _____

Are you taking any pre-natal vitamins? Yes ___ No ___ If yes, which one? _____

Health Information:

What do you do for fun? (sports, hobbies, etc.) _____

If female, are you pregnant? Date of last menstrual cycle? _____

Are you taking any prescription/non-prescription drugs? If yes, please list them and what prescribed for

Have you ever had surgery? _____

Do you have any heart problems/strokes/clogged arteries? _____

Do you have any other medical conditions? _____

Patient Signature _____

***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.***