Lim Chiropractic & Rehab Center

Kwang-Ho Lim D.C.

LIM CHIROPRACTIC & REHAB CENTER

PREGNANT PATIENT ADDITIONAL INTAKE FORM

1836 Westlake Ave N | Tel: (206)492-7131 | Fax: (206)717-2908 | limchirorehab.com

PATIENT'S NAME ______________________________________ **DOB** ________________

Pregnancy Details

Anticipated Due Date: ____________________

Current Trimester: 0 1 2 3

Obstetrician/Gynecologist Name & Phone: ____

Guardian/Parent Name & Phone: ____

Pregnancy Complications or Concerns:

None	Preeclampsia	Anemia
High blood pressure	Depression	Headache
Gestational diabetes	Previous miscarriages	
Other: ______________________		

Pregnancy-Related Symptoms:

Back pain	Neck pain	Joint pain
Sciatic nerve pain	Swelling in limbs	
Other: ______________________		

Previous Pregnancies:

Number of Previous Pregnancies: 0 1 2 Other: ____________________________

Previous Pregnancy Complications: Yes No If yes: ______________________________

Consent for Chiropractic Care during Pregnancy:

I hereby consent to receive chiropractic care during my pregnancy. I have discussed any potential risks with my chiropractor and feel informed about my treatment options.

Signature: ___________________________________ **Date:** _______________

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