

Empowered Birth

at Healing Hands Chiropractic

Childbirth Class Student Registration Form

Mother's Name: _____ DOB: _____

Mailing address: _____

Phone: (home) _____ (cell) _____

Email: _____

How would you prefer to be contacted (phone or email)? _____

How did you hear about us? _____

Birth Partner's Name: _____ DOB: _____

Relationship to mother: _____

Your Pregnancy:

Estimated Due Date: _____

With whom are you receiving prenatal care?

Where do you plan to give birth?

Please list any medications or supplements you currently take:

Please list any other holistic health practices you currently use (acupuncture, chiropractic, reflexology, reiki, tai chi, therapeutic massage, etc.):

Do you have any particular concerns or complications with this pregnancy?

If you have other children, please list age and place of birth for each:

Did you have any complications in previous pregnancies or deliveries (miscarriage, prematurity, episiotomy, cesarean)?

Do you plan to have anyone else with you at the birth (doula/labor assistant, mother, close friend)?

Do you plan to breastfeed?

Please check any of the following topics on which you would like to receive more information from our office:

- | | |
|--|--|
| <input type="checkbox"/> Chiropractic for pregnancy | <input type="checkbox"/> Prenatal massage |
| <input type="checkbox"/> Chiropractic for infants / children | <input type="checkbox"/> Prenatal yoga classes |
| <input type="checkbox"/> Doula / Labor Assistant services | <input type="checkbox"/> Postnatal yoga classes |
| <input type="checkbox"/> Infant massage | <input type="checkbox"/> Reiki for pregnancy / early labor |
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Reiki for infants / children |