

Pregnancy & Childbirth Workshops

Healing Hands Chiropractic
A Family Wellness Center

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"/> Acupuncture for pregnancy | <input type="checkbox"/> Reiki for infants / children |

Registering for (select all that apply):

- ___ Am I in Labor?! Understanding the Birth Process
- ___ Love Your Birth: Coping Techniques and Pain Management Options
- ___ Informed Choices: Understanding Induction, Augmentation, and Cesarean
- ___ Life Postpartum: Thriving in the First Three Months
- ___ Healthy Mom, Healthy Baby: Nutrition & Exercise for Your Best Pregnancy
- ___ Know Your Options: Choosing Your Prenatal Practitioners and Birth Place

Workshop date(s): _____

Please return this registration form with your deposit of \$25 no less than one week before the workshop start date. Deposit and registration can be dropped off at the office or mailed to:

Jenny Everett King, Pregnancy & Childbirth Educator
Healing Hands Chiropractic, LLC
25 Nashua Rd, Suite F2
Londonderry, NH 03053

*Please make checks payable to **Healing Hands Chiropractic**. Credit card payments can be made by phone or at the office. Deposits are non-refundable.*

Remaining balance will be due at the first class. For questions or to make an alternate payment arrangement, please call 603-434-3456 or email Jenny at jenny@healinghandsnh.com.