

# PREGNANCY QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Delivery Due Date: \_\_\_\_\_

Name of Obstetrician/Midwife: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe how you have felt (physically and emotionally) during this pregnancy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any complications or abnormalities? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

If yes, do you have the approval of your midwife or physician to receive structural integration bodywork? \_\_\_\_\_

Do you have any of the following conditions or symptoms?

- |                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> High Blood Pressure                      | <input type="checkbox"/> Abdominal Pain (or unusual pain else where in your body) |
| <input type="checkbox"/> Preterm Labor                            | <input type="checkbox"/> Diarrhea                                                 |
| <input type="checkbox"/> Toxemia/Preeclampsia                     | <input type="checkbox"/> Decreased Fetal Movement in past 24 hours                |
| <input type="checkbox"/> Diabetes                                 | <input type="checkbox"/> Excessive Swelling of Hands, Legs and/or Face            |
| <input type="checkbox"/> Fever                                    | <input type="checkbox"/> Varicose Veins                                           |
| <input type="checkbox"/> Vaginal Bleeding &/or Abnormal Discharge |                                                                                   |

*(The above conditions are contraindicated for structural integration and if you marked any of them your practitioner may need the approval of your physician to continue or may not be able to work on you at this time.)*

Have you eaten within the last 3 hours? \_\_\_\_\_

Are you experiencing any tension or soreness in your muscles at this time? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Are you sensitive to any scents or smells? \_\_\_\_\_

Would you like bodywork done on your abdomen?  yes  no

Is there anything else you would like to discuss about your pregnancy? \_\_\_\_\_

\_\_\_\_\_

The above information is accurate and true to the best of my knowledge. I understand that structural integration is not a substitute for medical attention or examination. I take responsibility for updating my practitioner to any physical, mental or emotional changes that occur with my health during my pregnancy. I agree that I am seeking bodywork voluntarily for treatment of mild discomfort due to pregnancy and/or relaxation to me and my baby. Any other reason or intention I have for seeking structural integration bodywork during pregnancy I have discussed with my practitioner; and I have disclosed all information that may relate.

Signature: \_\_\_\_\_