

Oregon City Acupuncture
619 Madison #110 Oregon City, OR 503. 653-1468

WOMENS HEALTH QUESTIONNAIRE

ID -----

Name _____ Birth date _____ age _____

Have you ever had: (circle) acupuncture chiropractic pregnancy massage

Last Menstrual Period _____ Length of cycle (day 1-day 1) _____

days Flow _____ Quality of flow (circle) : Heavy Clots Cramps Bright red Dark red

Other symptoms: Swelling breasts, ankles Irritability Constipation Other _____

Any vaginal discharge or spotting mid-cycle? Y N

Date of Last PAP _____ Normal Abnormal - when _____

PREGNANCY RELATED

of Pregnancies _____ # of live births _____ # abortions _____ # miscarriages _____

Week of pregnancy today _____ # of fetuses _____ Prenatal Care Y N

OB practitioner: Name _____ Phone _____

THIS PREGNANCY

PREVIOUS PREGNANCY

	THIS PREGNANCY	PREVIOUS PREGNANCY
Amt of wgt gain		
Any abnormal cramping or discomfort, spotting, bleeding, pre-eclampsia, bedrest need		
High blood pressure or diabetes		
HA, dizziness, fainting, swollen ankles		
Had an ultrasound / other tests		
Taking vitamins or prescriptions		
Any cravings / type		
Exercise routine		
Stress level / Home / Work environment		
Support system / names / phone Labor coach		
Any genetic abnormalities		
How is your sleep / type of dreams		