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Welcome to Morningside Acupuncture and Natural Medicine

Please note that all information is strictly confidential.

Breech presentation & induction worksheet

Name

Date of Birth (MM/DD/YR)

Age:

Single

Married

Life Partner

Divorced

Widowed

Address

City

State

Zip

Home Phone

Work Phone

Email Address

Cell Phone

May we correspond with you (invoices, questions, etc) via email? Yes

No

If not, how shall we best correspond with you?

Occupation

Name of Company

Emergency Contact

Relationship

Phone

Family Physician

Phone

How did you hear about us?

Your medical history:

Surgeries, Major Illnesses, Hospitalizations, Falls and Major Accidents (include dates):

Please list any medications/vitamins/supplements you are currently taking:

Medications

Reason: When & for how long?

Herb/Medication allergies and reaction (if any):

Pregnancy

Have you been scheduled for medical induction? Yes No

Date of induction

Date of last menstrual cycle?

Are your menstrual cycles spaced regularly? Yes No

Date of last visit with doctor or midwife

Is the baby's position favorable? Yes No

If not, at what point did you become aware of the unfavorable position?

What types of treatments have you tried to help turn the baby, if any?

Current dilation (cm)

Current effacement (%) Station

Contractions? Yes No

Date contractions began

Strength of contractions (scale of 1-10) Length of contractions

Length of time between contractions (from beginning of first to beginning of next)

Other signs of labor?

How many pregnancies have you had? No. of deliveries

Dates

Any complications with previous deliveries?

Terminations When Complications?

Miscarriages When Complications?

Please list any known relevant factors regarding your mother's pregnancy/delivery with you:

Please list any difficulties/challenges experienced with this pregnancy (physical, mental or emotional):

How are you feeling about giving birth/being a mom?

Thank you for taking the time to fill out this form thoroughly. It will help us serve you better.

Please sign below,

- I agree to authorize the practitioners of Morningside Acupuncture and Natural Medicine to provide care. I understand that care is provided by a multi-specialty approach – acupuncture, acupressure, massage, moxibustion, exercise, herbal and dietary therapies.

Fee Schedule: \$115 initial visit
\$85 return, breech or induction
\$125 facial rejuvenation visit

Patient Signature

Date