



**EASTWEST WOMEN'S HEALTH ACUPUNCTURE  
OBSTETRICAL INTAKE FORM**

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

Due date: \_\_\_\_\_ Weeks pregnant: \_\_\_\_\_ Referred by: \_\_\_\_\_

What problems, concerns, issues, or goals would you like to address today?

**Current Pregnancy**

Are there any complication or risk factors with this pregnancy?

Please consider sharing the following:

~your intentions, hopes or plans for your labor and birth

~any concerns, worries or fears about this pregnancy, labor or birth

**Obstetrical History**

Number of pregnancies: \_\_\_\_\_ Births \_\_\_\_\_ Term \_\_\_\_\_ Preterm \_\_\_\_\_ Miscarriages \_\_\_\_\_ Children \_\_\_\_\_

Please provide the following information for each pregnancy:

Gestational age	Length of labor	Type of Birth	Epidural/meds	Gender/weight	Location	Complications

Please describe any issues, or concerns that you have from previous birth experiences.

Please describe any postpartum complications or concerns after each pregnancy with either you or your infant.