



John M. Ferguson, D.C.  
 Webster Technique Certified  
 653 Plank Road  
 Clifton Park, NY 12065  
 518.383.5595  
 www.ForLifetimeWellness.com

**Welcome, Mommy-to-be, to Ferguson Family Chiropractic, PLLC!**

\* The information contained herein is strictly confidential between the patient and Ferguson Family Chiropractic, PLLC. Although all the questions are valuable to assess your overall health and you may be surprised at how Chiropractic can help, you may forego answering any questions you wish.

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Marital Status:** \_\_\_\_\_ **Spouse/Significant Other's Name:** \_\_\_\_\_  
**Your children/ages:** \_\_\_\_\_ Your **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Insurance Plan \_\_\_\_\_ #: \_\_\_\_\_  
 Your baby's **due date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Emergency Contact Person & Phone:** \_\_\_\_\_  
**Email** for Newsletter, Home Care Instruction & Appointment/Office Updates: \_\_\_\_\_  
 Who may we thank for **referring you** to our office? \_\_\_\_\_  
 Have you had **previous chiropractic care**?  Yes  No Date of last visit: \_\_\_\_\_  
**Name** of previous chiropractor: \_\_\_\_\_  
 Do we have your **permission** to contact this Doctor's office to obtain your radiology or patient records?  Yes  No  
 Chosen **Location** of Birth:  Hospital  Birthing Center  Home  Other \_\_\_\_\_  
 Present **MD:** \_\_\_\_\_ Present **OBGYN:** \_\_\_\_\_  
 Have you ever had **spinal x-rays** done before?  Yes  No When and where? \_\_\_\_\_

**Chiropractors work to create balance within the nervous system so that the mother and baby can have the best possible pregnancy, birth and beyond.** Different stressors create interference to the way that the nervous system is working. These include physical (posture, falls, accidents, repetitive motions, etc.), emotional (finances, work, relationships, etc.) and chemical stressors (over the counter or prescription medications, alcohol, drugs, poor diet).

How do you grade your **physical** health?  
 Excellent  Good  Fair  Poor  Getting Better  Getting Worse

How do you grade your **emotional-mental** health?  
 Excellent  Good  Fair  Poor  Getting Better  Getting Worse

How do you rate your **occupational stress** (1-10, 10 being the most stressful) \_\_\_\_\_

How would you describe your **connection** with your baby? \_\_\_\_\_

How **active** is your baby? Can't feel baby move at all \_\_\_\_\_. slow but moving \_\_\_\_\_. active \_\_\_\_\_. very active \_\_\_\_\_.  
 other (please describe) \_\_\_\_\_

Describe **any complications** during this (or previous pregnancy) and when they occurred:  
 \_\_\_\_\_

Any exposures to **ultrasound** during this pregnancy? \_\_\_\_\_ How many? \_\_\_\_\_

Would you like **information** on natural immune support, vaccines, Vitamin K shot, silver nitrate, etc? Y N

**Any Symptoms** (check if you are currently experiencing or have experienced within the past 6 months):

- Headaches    Neck Pain    Sleeping Problems    Back Pain    Nervousness    Tension  
 Irritability    Chest Pains    Dizziness    Face Flushed    Stiff neck  
 Pins & Needles in Legs    Pins & Needles in Arms    Numbness in Fingers    Sciatica  
 Numbness in Toes    Shortness of Breath    Fatigue    Depression    Light Bothers Eyes  
 Loss of Memory    Ringing in Ears    Fever    Fainting    Cold Sweats  
 Loss of Smell    Loss of Taste    Feet Cold    Hands Cold    Stomach Upset    Diarrhea  
 Constipation    Loss of Balance    Buzzing in Ear    Ear Infections    Asthma    Allergies  
 Frequent colds/flu    Previous Menstrual problems    IBS/Crohn's/Colitis    Anxiety  
 Multiple Sclerosis    High Blood Pressure    Hemorrhoids    Other \_\_\_\_\_

If you have had a **previous pregnancy** did you have or experience any of the following with your labor:

- Epidural    Episiotomy    Induction    Breech presentation    Back labor    Forceps    C-section  
 Vacuum extraction    Fetal scalp monitoring    Other intervention \_\_\_\_\_

How would you describe your:

**Diet** -  Poor    Good    Excellent

**Sleep** -  Poor    Good    Excellent

**Exercise** -  Poor    Good    Excellent

I **exercise**: \_\_\_\_\_ times a week, doing the

following activities \_\_\_\_\_

I take the following **supplements**: \_\_\_\_\_

Have you ever been **hospitalized**?  Yes    No   If yes, for what reason(s)? \_\_\_\_\_

## Informed Consent

When a pregnant woman seeks the benefits of the Chiropractic & the Webster Technique and we accept a patient for such care it is essential for both to be working towards the same objectives, that each patient understand the objective and the method that will be used to attain it to prevent any confusion or disappointment.

**Adjustment:** An adjustment is the specific application of a force to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine and therapeutic work with soft tissues connected to the spine (muscles, ligaments, tendons).

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function. This results in interferences to the transmission of nerve impulses, leading to a decrease in the body's overall, healthy performance.

The tense muscles and ligaments in the pelvis, caused by misalignment in the sacrum (bottom bone of the spine) may lead to constraint in the uterus. When the uterus is torqued and constrained in this manner, it is more difficult for the baby to move into the best possible position for birth. The Webster Technique is a specific chiropractic adjustment which corrects subluxation in the sacrum. As a result, the mother's tense pelvic muscles and ligaments relax, enhancing the physiological environment needed for normal baby positioning. We do **not** offer to diagnose or treat any condition. We are **not** turning malpositioned babies. We do **not** determine baby position. This technique is a specific chiropractic adjustment which removes interference to the nervous system, balances pelvic muscles and ligaments, alleviates constraint to the mother's uterus allowing for optimal baby positioning. Our care is detection of and specific adjusting of vertebral subluxation.

I have read and fully understand the above statements. I consent to a chiropractic consultation and examination and accept chiropractic care on this basis.

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