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## **NEW PATIENT PREGNANCY INTAKE**

Ms.  Mrs. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth:        /        /        Place of Birth: \_\_\_\_\_

Any known complications at birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupational Stress:  chemical  physical  psychological Other: \_\_\_\_\_

How many hours/week do you work?        Are you satisfied with your job?  
 Yes  No

Marital Status:  single  married  divorced  widowed  mutually committed

Have you ever had acupuncture?  Yes  No, when? \_\_\_\_\_

For what condition? \_\_\_\_\_

Was it a good experience?  Yes  No \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Can we contact him/her to thank them for the referral?  Yes  No \_\_\_\_\_

What is your main reason for seeking acupuncture treatment?

- 1.- \_\_\_\_\_
- 2.- \_\_\_\_\_
- 3.- \_\_\_\_\_
- 4.- \_\_\_\_\_

How many weeks pregnant are you? \_\_\_\_\_ #

Was this a planned pregnancy?  Yes  No

Did you have any difficulties conceiving this baby?  Yes  No

If yes please explain:

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Please, specify:

- \_\_\_\_\_ # of previous pregnancies
- \_\_\_\_\_ # of miscarriages
- \_\_\_\_\_ # of abortions
- \_\_\_\_\_ # of children you have

Please describe any past birth experiences:

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Do you have any specific fears or concerns about giving birth?  Yes  No

Please describe:

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Have you had any major stresses during this pregnancy?  Yes  No

Please describe:

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Have you ever been sexually abused?  Yes  No

## MEDICAL HISTORY

- Do you have genital herpes?       Yes    No  
Do you have high blood pressure?       Yes    No  
Do you have a history of diabetes?       Yes    No  
Do you have a history of anemia?       Yes    No

Please check all symptoms that you are experiencing:

- Nausea
- Vomiting
- Fatigue
- Headaches
- Restless legs
- Difficulty sleeping
- Low back pain
- Constipation
- Hemorrhoids
- Loose stools
- Indigestion
- Leg cramps
- Water retention/ Swelling
- Urinary difficulties
- Anxiety
- Depression