



opencircleRI.com
kaeli@opencircleRI.com
401-338-5466

PRENATAL / POSTPARTUM HEALTH QUESTIONNAIRE

Form with fields for personal information: First name, Last name, Home, Cell, Work, Date, Email, Estimated due date, Pregnancy week, Date of Birth, Baby birth date, Baby's age, Birth location, Other children, Practitioner's name, Practice name, Practice address, City, State, Zip, Birth Doula, Postpartum Doula, Doula's name(s), Other types of holistic healthcare, Holistic Practitioner Name(s), How did you hear about Open Circle?

Risk Factors

Please check any boxes that apply . For massage clients: if anything in this section is checked, please have your practitioner complete the practitioner release prior to your appointment. Group class participants may be asked for provider release on a case by case basis (after their first class).

- List of risk factors with radio buttons: asthma, autoimmune disorder, cardiac disorder, convulsive disorder / epilepsy, complications in other pregnancies, diabetes type 1 or 2, drug or alcohol abuse, DVT history, genetic conditions, other high risk condition, hypertension, mother's age, multiples, obesity, previous miscarriage, previous premature delivery, renal / liver disorder, RH negative, thyroid disorder, other.

Please explain

Five horizontal lines for explaining risk factors.



Pregnancy Complications + Conditions

Please check "P" for prior pregnancy box, or "C" for current pregnancy as applicable.

- | | | | | |
|-------------------------|-------------------------|--|-------------------------|---|
| <input type="radio"/> P | <input type="radio"/> C | | <input type="radio"/> P | <input type="radio"/> C |
| <input type="radio"/> | <input type="radio"/> | anemia | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | blood clots | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | planned cesarean section | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | diastasis rectii (abdominal muscle separation) | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | early labor / threatened labor | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | fetal development complications | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | gestational diabetes | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | kidney, liver or bladder disorder | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | genetic conditions (history in family) | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | other high risk condition | <input type="radio"/> | <input type="radio"/> |
| | | | <input type="radio"/> | <input type="radio"/> |
| | | | | pelvic floor injury or dysfunction |
| | | | | pelvic pain / SI joint / sacroiliac dysfunction |
| | | | | placenta abnormalities |
| | | | | placenta previa |
| | | | | pubic area pain (pubosymphysis dysfunction) |
| | | | | PUPPP |
| | | | | vaso-vagal response episodes |
| | | | | varicose veins |
| | | | | other _____ |

Please explain

Postpartum / Post-pregnancy

Please check "P" for prior postpartum, or "C" for current postpartum as applicable.

- | | | | | |
|-------------------------|-------------------------|------------------------------------|-------------------------|--|
| <input type="radio"/> P | <input type="radio"/> C | | <input type="radio"/> P | <input type="radio"/> C |
| <input type="radio"/> | <input type="radio"/> | vaginal delivery | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | cesarean delivery | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | VBAC (vagina birth after cesarean) | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | birth injury | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | birth trauma | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | breastfeeding difficulties | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | labor or birth complications | <input type="radio"/> | <input type="radio"/> |
| | | | <input type="radio"/> | <input type="radio"/> |
| | | | | miscarriage / infant loss |
| | | | | termination |
| | | | | pelvic floor injury, laceration or tearing |
| | | | | postpartum anxiety / depression |
| | | | | recovery complications |
| | | | | retained placenta |
| | | | | other _____ |

Please explain

I, _____ verify that I have been informed of the possible benefits and contraindications for massage therapy, pre/postnatal yoga or birth/postpartum education.

I further verify that I have noted any complications or conditions AND have discussed my participation with my maternity healthcare provider. **If I have any high risk conditions or have not yet had my 6 week postpartum follow-up, I have obtained his or her release to participate.**

I understand that any therapies or classes I participate in are considered non-medical support, and none are a substitute for prenatal or postpartum care from a medical doctor, midwife or other licensed medical provider. I hereby release and hold harmless and defend the practitioner or teacher from any claims, liability, demands and causes of action arising from my and my baby's participation.

signature _____ date _____