

# Your Pregnancy Health Story

# ABD@MINAL THERAPY COLLECTIVE

Please fill out this questionnaire to the best of your ability. Some of the questions may feel challenging to answer or may seem unrelated to your primary issue. The goal of this health story is to look at you and your life experiences holistically, compassionately and as a tool for education.

Name		
Address		
Phone		Date of birth
Email		
Preferred pronoun	Gender currently identifying as	Gender assigned at birth
How did you hear about me and this work?		
What do you hope to achieve as a result of our work together?		

Abdominal Therapy is not a substitute for care by your medical doctor. Abdominal Therapy practitioners do not diagnose medical diseases, physical or mental conditions. Abdominal Therapy practitioners do not prescribe medical pharmaceuticals.

I have stated all known conditions and will keep my practitioner updated on my health. By signing below, I confirm all the information I've provided is correct. I understand this information will remain confidential.

Signature	Name	Date
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**A Little bit of History**

Are you taking any of the following – medication, supplementation, natural remedies? If so, please give details:
Any allergies? If yes, what are you allergic to? What reaction do you have?
Have you experienced any of the following? If so, please share some details.
Surgery
Accidents
Injuries to sacrum/head/tailbone

**Family Story**

What is your birth story?
Do you know about your birth parent's experience of pregnancy, birth, and early parenting?

Do you have siblings who have given birth?
What family or community support do you have for this pregnancy and postpartum?

**Gut Health**

Describe your relationship with food during this pregnancy?			
Do you have any food intolerances or allergies?			
Do you follow a particular diet?			
Do you eat home cooked food?	Mainly	Occasionally	Never
What is your typical daily intake of the following?			
Water	Caffeine	Alcohol	
Protein	Fruit	Veg	
How often are your bowel movements?			
Do you suffer from abdominal pain, constipation, diarrhea, incomplete bowel movements, thin stools, blood or mucus in your stools?			

**Mental & Emotional Health**

How do you nurture yourself?
Where and how do you find joy?

Are you currently experiencing stress?
Do you have a faith or spiritual practice and if so, would you be willing to share this?
What exercise do you enjoy, and how often do you do it?
Do you experience low mood, anxiety, depression, post-traumatic stress disorder, or any other mental health condition that you are willing to share?
Have you experienced any traumatic events that you would be willing to share?
Have you considered seeking professional support?

## Pregnancy Health

How do you feel about giving birth?

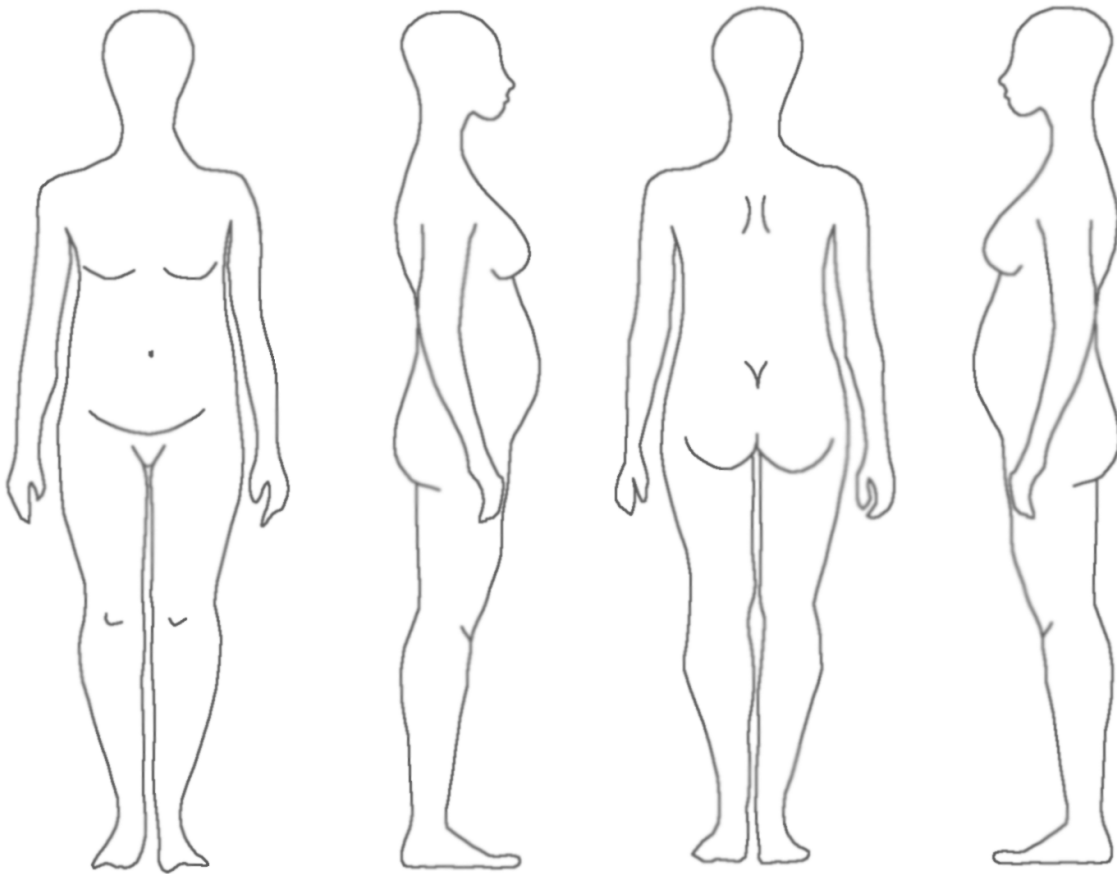
How was conception for you? Easy? Unexpected? Assisted?			
Who is your care provider and where do you plan to give birth?			
Have any pregnancy risk factors been identified for you? Please specify if so.			
Do you experience any of the following:			
Carpal tunnel syndrome Cramps	Itchy skin Incontinence Nausea/Vomiting	Swelling UTI Yeast infections	Hemorrhoids Sleep issues Irritability
Any other symptoms? Please specify if so.			
Have you or your partner been pregnant before?	Yes	No	
If so, did you choose to continue with these pregnancies and what were they like?			
Have you experienced any loss?			
Have you or your partner given or witnessed birth? If so, what was your/their experience?			

How many children are in your family and what are their ages?

Please describe your postpartum experience.

### Are you experiencing pain or discomfort?

Please indicate location  
on these images:



Thank you for taking the time to share your information.

Is there anything else you would like to tell me?