Erika Weshinskey, Lic. Ac. (304) 535-9999

Postpartum Intake

Did you have any difficulties with this pregnancy? Yes No

If yes, please explain _____
_____
_____

When did you give birth? _____ / _____ / _____

Where? _____

Were there any complications? _____
_____

Did the baby have any difficulties at birth? Yes No
If yes, please explain _____
_____
_____

Please describe your overall labor and birth experience _____
_____
_____
_____

Are you still bleeding (lochia) from the birth? Yes No
If so, what is the color: [ ] bright red [ ] dark red [ ] purple
[ ] yellow, watery [ ] pale pink, watery [ ] other _____

Are you currently breastfeeding? Yes No

Do you feel you are receiving the help and support you need? Yes No

<u>Please check any symptoms you have experienced since the birth of your baby:</u>

[ ] Breast tenderness or lumps	[ ] Redness, heat or swelling in breasts	[ ] Fever
[ ] Cracked nipples	[ ] Breastfeeding problems	[ ] Dizziness
[ ] Abdominal pain	[ ] Lower back or sacral pain	[ ] Anxiety
[ ] Uterine prolapse	[ ] Generalized body pain	[ ] Depression
[ ] Frequent crying	[ ] Night sweats	[ ] Headaches
[ ] Difficulty urinating	[ ] Palpitations	[ ] Exhaustion
[ ] Incontinence		