

Patient's Name _____ Birth date _____ Today's Date _____

Medical problems: _____ Heart disease _____ Bleeding disorders _____ Other _____

_____ Male _____ Female Birth Weight _____ Present Weight _____ Birth Hospital _____

_____ Vaginal birth _____ C-Section Birth Any birth complications? _____

Are you presently breastfeeding ____ Yes ____ No If no, how long since you stopped breastfeeding _____

Medical History:

1. Infants are usually given vitamin K at birth. Did your child receive the vitamin K shot? ____ yes ____ no

2. Was your infant premature? ____ Yes ____ No If yes, how many weeks? _____

3. Does your infant have any heart disease ____ Yes ____ No

4. Has your infant had any surgery? ____ Yes ____ No

5. Has your infant experienced any of the following? Please check / circle / elaborate as needed.

____ Shallow latch at breast or bottle

____ Falls asleep while eating

____ Slides or pops on and off the nipple

____ Colic symptoms / Cries a lot

____ Reflux symptoms

____ Clicking or smacking noises when eating

____ Spits up often? Amount / Frequency _____

____ Gagging, choking, coughing when eating

____ Gassy (toots a lot) / Fussy often

____ Poor weight gain

____ Hiccups often

____ Lip curls under when nursing or taking bottle

____ Gumming or chewing your nipple when nursing

____ Pacifier falls out easily, doesn't like, won't stay in

____ Milk dribbles out of mouth when nursing/bottle

____ Short sleeping requiring feedings every 1-2hrs

____ Snoring, noisy breathing or mouth breathing

____ Feels like a full time job just to feed baby

____ Nose congested often

____ Baby is frustrated at the breast or bottle

How long does baby take to eat? _____

How often does baby eat? _____

6. Is your infant taking any medications? ____ Reflux ____ Thrush Name of medication: _____

7. Has your infant had a prior surgery to correct the tongue or lip tie? If yes, when, where, and by whom?

7. Do you have any of the following signs or symptoms? Please check / circle / elaborate as needed.

____ Creased, flattened or blanched nipples

____ Lipstick shaped nipples

____ Blistered or cut nipples

____ Bleeding nipples

Pain on a scale of 1-10 when first latching _____

Pain (1-10) during nursing: _____

____ Poor or incomplete breast drainage

____ Infected nipples or breasts

____ Plugged ducts / engorgement / mastitis

____ Nipple thrush

____ Using a nipple shield

____ Baby prefers one side over other ____ (R/L)

Pediatrician _____ Phone number: _____

Lactation Consultant _____ Phone number: _____

Who referred you to us? _____

Doctor's Signature _____