



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

Medical issues: _____ 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

___ Lip curls under when nursing or taking bottle

___ Falls asleep while eating

___ Gumming or chewing your nipple when nursing

___ Slides or pops on and off the nipple

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

___ Colic symptoms / Cries a lot

___ Milk dribbles out of mouth when nursing/bottle

___ Reflux symptoms

___ Short sleeping requiring feedings every 1-2hrs

___ Clicking or smacking noises when eating

___ Snoring, noisy breathing or mouth breathing

___ Spits up often? Amount / Frequency _____

___ Feels like a full time job just to feed baby

___ Gagging, choking, coughing when eating

___ Nose congested often

___ Gassy (toots a lot) / Fussy often

___ Baby is frustrated at the breast or bottle

___ Poor weight gain

How long does baby take to eat? _____

___ Hiccups often

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

___ Poor or incomplete breast drainage

___ Lipstick shaped nipples

___ Infected nipples or breasts

___ Blistered or cut nipples

___ Plugged ducts / engorgement / mastitis

___ Bleeding nipples

___ Nipple thrush

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

___ Using a nipple shield

Pain (1-10) during nursing: _____

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

Pediatrician _____ Phone number: _____

Lactation Consultant _____ Phone number: _____

Who referred you to us? _____