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 Kat 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 