

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Today's date: \_\_\_\_\_

Birth Weight \_\_\_\_\_ Present Weight: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Lactation consultant: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History:**

Current medications: \_\_\_\_\_ Medication allergies: \_\_\_\_\_

**Has your child experienced any of the following problems or treatment?**

1. Did you decline vitamin K injection at birth?      YES      NO
2. Does your infant have heart disease?              YES      NO
3. Was your infant premature?                              YES      NO
4. Has your infant had any surgery                      YES      NO

**5. Has your infant experienced any of the following?**

- \_\_\_ Poor latch
- \_\_\_ Falls asleep while attempting to latch
- \_\_\_ Slides off the nipple when attempting to latch
- \_\_\_ Colic symptoms
- \_\_\_ Reflux symptoms
- \_\_\_ Poor weight gain
- \_\_\_ Gumming or chewing of your nipple when nursing
- \_\_\_ Unable to hold a pacifier in his or her mouth
- \_\_\_ Unable to use a bottle
- \_\_\_ Short sleep episodes requiring feedings every 2-3 hours

**6. Do you have any of the following signs or symptoms?**

- \_\_\_ Creased, flattened or blanched nipples after nursing
- \_\_\_ Cracked, bruised or blistered nipples
- \_\_\_ Bleeding nipples
- \_\_\_ Severe pain when your infant attempts to latch
- \_\_\_ Poor or incomplete breast drainage
- \_\_\_ Infected nipples or breasts
- \_\_\_ Plugged ducts
- \_\_\_ Mastitis or nipple thrush

**Additional Comments or Concerns:**

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