

## Intake Form for Lactation Consult

Parent's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Baby's Name: \_\_\_\_\_

How old is your baby today? \_\_\_\_\_

Method(s) of feeding:

Breastfeeding

Bottle feeding

If bottle feeding:

Expressed breast milk

Formula: \_\_\_\_\_

How many times a day does your baby nurse?  More than 8x/day.  Fewer than 8x/day.

When your baby is nursing, can you hear him/her swallow?  Yes  No

Did your milk "come in" by the third day?  Yes  No

Do your breasts feel softer after nursing?  Yes  No

Does your baby nurse during the night?  Yes  No

Does your baby wake up to nurse on his or her own before  
3 hours have passed?  Yes  No

Does your baby have at least 4 bowel movements per day?  Yes  No

Are the bowel movements yellow?  Yes  No

Does your baby have at least 6 wet diapers per day?  Yes  No

If no, how many wet diapers in the past 24 hours: \_\_\_\_\_

Does your baby sleep soundly between some feedings?  Yes  No

Does your baby have some fussy times?  Yes  No

Do you take any medications (prescription or OTC) or herbal supplements (if yes, which ones):

\_\_\_\_\_

Do you give your baby anything beside breastmilk or formula (water, herb teas, juice, etc)?

\_\_\_\_\_

What is your primary concern? \_\_\_\_\_

\_\_\_\_\_

Partner's concerns or questions? \_\_\_\_\_

\_\_\_\_\_

If your baby is **less than 1 week old**:

Did you receive pitocin to stimulate labor?  Yes  No

Did you receive an Epidural?  Yes  No

Did you receive pain meds during delivery?  Yes  No

Did you receive steroids before or during delivery?  Yes  No

Are you  just tired OR  exhausted?

Maternal history:

Please check any of the following you have been diagnosed with:

- High blood pressure    Preeclampsia    Thyroid problems    Diabetes    PCOS  
 Depression    Anxiety

Any history of breast surgery, breast injury, or breast abnormality?    Yes    No

If yes:         Bilateral         Right only.         Left only.

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Ages of any other children: \_\_\_\_\_

Future Plans:    Stay home         Return to work when infant(s) is(are) \_\_\_\_\_ months old.