

Thank you for scheduling this appointment with me. The goal of this consultation is to determine if there is a physical oral problem affecting your infant's breastfeeding ability.

Lactations Consultant Name: _____ Phone#() _____

Please answer the following questions so that I may better understand your current breastfeeding issues.

Patient Name:		Date of	Birth:	_/	_/
Birth Weight: _	lbs. Current Weight:	lbs.			
Has your infant been diagnosed with a tongue or lip tie?					
Has your infant	received a Vitamin K supplemen	t?V	Vhat date?	(Dral or injected?
Does your child have a stork bite/strawberry mark/salmon patch: Where is the location?					

Do you have any of the following? Check all that apply.

- Painful nursing
- Are your nipples bruised, cracked, blistered, blanched, flattened or lipstick shaped?
- □ Do your nipples bleed after nursing?
- Mastitis
- **Thrush of the nipples**

Do you use shield to breastfeed?

How many times per day do you breastfeed? _____ How long for each side: _____

When nursing, is the feeding:

- □ Prolonged or incomplete?
- **D** Baby bobs mouth on and off to latch
- □ Baby falls off the breast and sleeps
- □ Lip or tongue feels weak?
- Lip or tongue cycles through sucking and movement for a short time and then stops
- **D** Baby slides off and on the nipple
- **Chronic burping or flatulence**
- Distended or bloated belly
- □ Signs of reflux such as chronic spitting up, gagging, or vomiting
- □ Signs of discomfort such as arching of the back or fist clenching
- □ Clicking noise or loss of suction while nursing
- □ Breast milk leaks from mouth, nose or both?
- □ Tongue feels like sandpaper?
- □ Crease mark on baby's lip after nursing?
- □ Strong or clamping latch?
- □ Infant weight loss? How much _____
- **D** you supplement with bottle?
- **Gulping Sound when nursing**?
- □ Blistered lips?

Any other nursing concerns: