

Premier Lactation Services, LLC
Jennifer C. de Franco, RN, RLC(IBCLC)
Registered Nurse(NSY/NICU)-NPI#1063749083
Registered Lactation Consultant(IBCLC)#10999203



BREASTFEEDING INTAKE FORM

TODAY'S DATE _____

MOTHER'S NAME _____ DOB _____ INFANT'S NAME _____ DOB _____

FATHER'S NAME _____ ADDRESS _____

EMAIL ADDRESS _____ PHONE NUMBER _____

OB/GYN'S NAME _____ PEDIATRICIAN/FAMILY DOCTOR'S NAME _____

IN YOUR OWN WORDS DESCRIBE ANY FEEDING PROBLEMS THAT CONCERN YOU: _____

MATERNAL HISTORY

PLEASE LIST ANY ALLERGIES TO MEDICATIONS OR FOODS _____

PLEASE CIRCLE ANY HEALTH PROBLEMS? (CIRCLE) high blood pressure PCOS hyperthyroidism hypothyroidism anemia yeast infection

breast reduction breast augmentation infertility anxiety/depression eczema tongue-tie diabetes smoker

no breast changes breast abnormalities breast surgery flat/inverted nipples other _____

WHAT AGE WERE YOU WHEN YOU HAD YOUR FIRST MENSTRUAL PERIOD? _____ REGULAR OR IRREGULAR

HOW MANY PREGNANCIES? _____ HOW MANY CHILDREN? _____ DID YOU BREASTFEED YOUR OTHER CHILDREN? YES OR NO

IF NO, WHAT CAUSED YOU TO NOT BE ABLE TO BREASTFEED? _____

IF YES, HOW LONG DID YOU NURSE THEM? _____

LIST ALL MEDICATIONS YOU TOOK DURING YOUR PREGNANCY AND NOW(including over-the-counter/herbs) _____

WILL YOU BE RETURNING TO WORK? (CIRCLE) YES NO WHEN? _____ FULL TIME PART TIME

PREGNANCY AND BIRTH HISTORY

DID YOU HAVE ANY OF THE FOLLOWING DURING THIS LABOR AND DELIVERY? (CIRCLE) ruptured membranes over 24 hrs Magnesium for PIH

drugs to control pain epidural over 10 hrs fever antibiotics retained placenta meconium vacuum extraction

emergency c-section hemorrhage 3rd/4th degree tear blood transfusion postpartum hemorrhage infection spinal headache

forceps labor over 30 hrs push over 2 hours separated from infant at birth breech c-section twins stressful delivery swelling

please explain any circled conditions _____

INFANT'S MEDICAL HISTORY

DOES YOUR BABY HAVE ANY KNOWN HEALTH PROBLEMS?(jaundice, low blood sugars, diaper rash, tongue-tie, recessed chin, respiratory distress, NICU admission)

BABY'S HIGHEST BILIRUBIN LEVEL(JAUNDICE) _____ HOW OLD WAS BABY FOR LAST BILI CHECK? _____

IS THE BABY CURRENTLY ON ANY MEDICATIONS? _____

GESTATIONAL AGE OF BABY AT BIRTH? _____ WEEKS

BABY'S BIRTH WEIGHT _____ DISCHARGE WEIGHT _____ AGE _____ DATE _____ CURRENT WEIGHT _____ AGE _____ DATE _____

BREASTFEEDING HISTORY

HOW OLD WAS YOUR BABY WHEN YOU FIRST REALIZED THAT YOU WERE HAVING BREASTFEEDING DIFFICULTIES? _____

ARE YOU EXPERIENCING ANY OF THE FOLLOWING? (CIRCLE) latch-on difficulties engorgement sleepy baby sore nipples
preference for one breast baby refuses to nurse cracked/bleeding nipples breast pain excessive crying baby always seems hungry
low milk supply over supply of milk slow weight gain of baby milk never "came in" pump dependent

WHAT DID THE LACTATION CONSULTANT DO IN THE HOSPITAL TO HELP WITH BREASTFEEDING? _____

HAVE YOU USED ANY BREASTFEEDING SUPPLIES OR PUMPS? _____

WHAT TYPE OF PUMP _____ WHEN DID YOU START PUMPING? _____

HAS YOUR BABY BEEN SUPPLEMENTED WITH ANY OF THE FOLLOWING? NONE water formula expressed breastmilk TYPE OF FORMULA _____

IF SO, HOW WAS THE BABY SUPPLEMENTED? feeding tube finger feeding cup feeding bottle TYPE OF BOTTLE _____

HOW MANY MONTHS DO YOU WISH TO BREASTFEED YOUR BABY? 1 MONTH 2-3 MONTHS 3-6 MONTHS 6-12 MONTHS LONGER THAN 12 MONTHS

*****FOR THE FOLLOWING SECTION THINK BACK TO THE PREVIOUS 24 HOURS*****

HOW MANY TIMES HAVE YOU GIVEN A SUPPLEMENT? _____ HOW MUCH PER FEEDING? _____ HOW MANY TIMES DID YOU PUMP? _____

IF YOU COMBINED ALL THE MILK YOU PUMPED OVER THE LAST 24 HOURS, HOW MUCH MILK DID YOU OBTAIN IN TOTAL? _____

HOW MANY TIMES HAVE YOU BREASTFED YOUR BABY? _____ IS THE BABY CONTENT BETWEEN FEEDINGS? (CIRCLE) never occasionally often

WHAT IS THE LONGEST TIME YOUR BABY HAS GONE BETWEEN FEEDINGS? DAY: _____ NIGHT: _____

WHO DECIDES WHEN THE FEEDING IS OVER? (CIRCLE) Mother or Baby HOW LONG DOES BABY NURSE AT BREAST? _____ ONE BREAST OR BOTH BREAST

IN THE PAST 24 HOURS, HOW MANY? WET DIAPERS _____ STOOLS _____ SPIT UPS/EMESIS _____

Premier Lactation Services, LLC
Jennifer C. de Franco, RN, RLC(IBCLC)
Registered Nurse(NSY/NICU)-NPI#1063749083
Registered Lactation Consultant(IBCLC)#10999203



NIPPLE/BREAST PAIN – only complete if you are having pain

WHEN DID YOU START HAVING NIPPLE PAIN? _____ LEFT, RIGHT OR BOTH NIPPLES _____

WHEN DOES THE NIPPLE PAIN OCCUR?(circle) As baby latches on during the entire feed Starts out OK, then hurts more Hurts on and off

Hurts after the feed hurts at times unrelated to a feeding hurts all the time other _____

DESCRIBE THE PAIN(circle) tugging tingling irritating rubbing scraping aching throbbing itching

pinching sharp biting stinging shooting burning other _____

DESCRIBE NIPPLE SHAPE WHEN BABY COMES OFF BREAST: normal elongated creased ridged pinched lipstick tube peaked

Smashed pointed stepped on flattened squished other _____

DOES YOUR NIPPLE TURN WHITE AT THE END OF THE FEEDING? Yes or No DOES NIPPLE TURN WHITE ANY OTHER TIME? Yes or No

IS YOUR NIPPLE A DIFFERENT COLOR FROM USUAL? No change lighter pink deep pink red purple blanched white white stripe

IS THERE ANY NIPPLE DAMAGE? Abrasion crack blister scab piece missing bleeding other _____

DOES YOUR NIPPLE HURTS WHEN YOU USE A PUMP? Yes or No ARE YOU EXPERIENCING BREAST PAIN? Yes or No

DESCRIBE YOUR BREAST PAIN: aching all over tingling sensation shooting burning radiates down my arm radiates to my back

After feedings during feedings all the time at times not related to feedings other _____

WHAT ARE YOU DOING TO DEAL WITH THE PAIN _____