

### Infant New Patient form

Patient Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Infant DOB \_\_\_\_\_ Home birth \_\_\_\_\_ Hospital birth \_\_\_\_\_ C-section \_\_\_\_\_

Medical problems (Y or N): heart \_\_\_\_\_ bleeding \_\_\_\_\_ breathing disorders \_\_\_\_\_ other \_\_\_\_\_

Birth weight \_\_\_\_\_ Present weight \_\_\_\_\_

Who would be best to contact for post op calls? \_\_\_\_\_

1. Are you presently breastfeeding? \_\_\_\_\_ How long does it take for her/him to nurse? \_\_\_\_\_
2. Are you using a nipple shield? \_\_\_\_\_
3. If not currently breastfeeding, how long since you stopped? \_\_\_\_\_
4. Are you pumping breast milk? \_\_\_\_\_
5. Are you supplementing using a bottle? \_\_\_\_\_
6. Do you or any immediate family members have any bleeding disorder? \_\_\_\_\_

**Medical History of your child:**

1. Infants are usually given Vitamin K at birth to prevent bleeding in the first 8 weeks of life. Did you sign any waiver to refuse the administration of Vitamin K? \_\_\_\_\_
2. Was your infant premature (if yes, gestation age in weeks)? \_\_\_\_\_
3. Has your infant had any surgeries? \_\_\_\_\_
4. Family history of lip or tongue ties? \_\_\_\_\_
5. Is your child taking any medications? \_\_\_\_\_

**Please Circle any Symptoms you or your baby has experienced**

Mother's Symptoms	Infant's Symptoms
Creased, cracked or blanching nipples	Falls asleep while attempting to nurse
Painful latching	Slides off the breast when attempting to latch
Gumming or chewing of the nipples	Reflux/Spitting Up (Clicking/swallowing air when nursing)
Bleeding, cracked or cut nipples	Poor weight gain
Infant unable to achieve a tight latch	Short sleep episodes (feeding every 1-2 hrs)
Poor or incomplete breast drainage	Apnea-snooring, heavy noisy breathing
Infected nipples or breast	Unable to keep pacifier in infant's mouth
Abraded nipples	Waking up congested in the morning
Plugged ducts	Only sleeping when held upright or in car seat
Mastitis	Gagging when attempting to introduce solid foods
Nipple Thrush	Milk leaking out sides of mouth during feeding
Feeling of depression	Colic symptoms
Over supply or under supply of breast milk	Ear infections/thrush

**Any other symptoms or problems with nursing not listed above?**

Pediatrician \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's email address \_\_\_\_\_

Has your physician evaluated your infant's lip and tongue ties? \_\_\_\_\_

Lactation consultant \_\_\_\_\_

Phone/Email \_\_\_\_\_

Pharmacy (phone # and address) \_\_\_\_\_

Referred to our office by: \_\_\_\_\_