

Lactation Intake Form

Name: _____ Age: _____

Occupation: _____

Father's (Partner's) Name _____ Age: _____

Father's (Partner's) Occupation _____

Address _____ City _____ Zip: _____

Phone: _____

Infant's Name: _____ Sex: _____ Current Age: _____

Date of Birth: _____ Due Date: _____ Weeks Early/Late _____

Delivered at which hospital _____ Birth Weight _____

Baby Delivered by: C-Section Vaginal APGARS (if known): _____

List any complications at birth for you or your infant _____

Number of pregnancies: _____ Number of live births: _____ Ages of other children: _____

If you nursed your previous children, how long did you nurse? _____

Did you have any problems? _____

Medical Problems or Conditions. Please list any major surgery or conditions.

Mother _____ Infant _____

Please list any medications or herbs you are currently taking: _____

Please check whether you have experienced any of the following:

	Yes	No		Yes	No		Yes	No
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Infertility	<input type="checkbox"/>	<input type="checkbox"/>	Breast Surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Gestational Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Polycystic Ovary Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Problems	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, please indicate type of prior breast surgery, year of surgery, and if there was more than one surgery.

Lactation Questionnaire

1. Did your breasts grow larger during your pregnancy? How much?
 No change ½ cup size larger One cup size or greater

2. How soon after delivery did you nurse your baby?
 Less than one hr. 1-3 hrs. 4-10 hrs.
 Over 10 hrs. never nursed

3. Approximately, how soon after delivery did your milk come in?
 48 hours 72 hours 4th day 5th day Not sure

4. Are/were your breasts engorged?

Not sure Slight Moderate Severe

5. Are your legs and or ankles swollen? No Yes
If yes: Slight Moderate Severe

6. How many times has your baby nursed in the last 24 hours?
 No breastfeeding Less than 4 times 4-6 times 7-9 times 10 or more

7. On the average, how many minutes does your baby nurse per side?
Left breast: 0-5 min. 5-10 min. 15-20 min. More than 20min.

Right breast: 0-5 min. 5-10 min. 15-20 min. More than 20min.

8. Does your baby nurse one breast per feeding? yes no

9. How many wet and soiled diapers has your baby had in the last 24 hours?
Wet diapers Less than 3 4-5 6 or more
Stools/poops Less than 3 4-5 6 or more

10. Stools/poops color and consistency:
 Black and tar-like Brown/black “soupy” Green Yellow

11. Does your baby have difficulty latching?
 No Yes Sometimes

12. Is it painful to nurse? Yes No
 At the start of a feeding? For the entire feeding?

13. Are you pumping? If so, how many times daily?
 Not pumping 1-2 times daily 3-4 times daily 5-7 times daily
 8 or more times daily

14. How much do you pump per session? _____ Which name brand pump are you using?

15. Is your baby supplemented with formula or expressed breast milk? How often and much?
 Formula _____oz. daily Expressed Breastmilk _____oz. daily

16. Are your nipples sore? Yes No Explain _____

17. Are your breasts painful? Yes No Explain _____

I authorize Ellen “Binky” Petok, IBCLC to perform a physical assessment of my infant and examine my breasts.

Mother’s Signature

Date