Lull-a-baby Lactation Consultants

New Patient Intake and History Form

Today's Date

Mother's First Name

Mother's Last Name

Mother's Date of Birth

Insurance Company (if applicable):

Partner's Name (optional)

Street Address	City	State	Zip

Telephone Number

Home:	Cell:

Email Address

Pregnancy Physician Name	Practice Name and Phone Number

Reason(s) for seeking lactation consultation (check all that apply)

- ☐ prenatal consult
- ☐ engorgement
- ☐ sore nipples/nipple pain and/or damage
- ☐ painful feeds
- ☐ low supply
- ☐ oversupply
- ☐ previous breast surgery
- ☐ plugged ducts or mastitis
- ☐ general breastfeeding education, positioning
- ☐ suggested by pediatrician
- ☐ significant infant wt loss (10% or more)
- ☐ sleepy baby
- ☐ jaundice
- ☐ baby can't latch or maintain latch
- ☐ takes a long time to latch
- ☐ poor latch
- ☐ inconsistent latch
- ☐ low or slow infant weight gain
- ☐ low or slow infant weight gain
- ☐ using a nipple shield
- ☐ pumping questions
- ☐ returning to work
- ☐ Other