headfirst
LACTATION & DOULA SERVICES

Patient Breast feeding History & Intake

Date .... O M O T O W O Th O F

Infant's Name ....

Mother's Name ....

Infant's DOB ....

Phone ....

Infant's Age: .... Weeks .... Days

Delivery Type O Vaginal O C/S O Other...

Birth Weight: ....

How many hrs? ....

Due Date: ....

Epidural O Yes O No **How many hrs?** ....

Gestational Age: .... Weeks .... Days

Pitocin O Yes O No

Obstetician ....

Infant's Ped. ....

Reason for Today's Visit: ....

Health Problems in pregnancy: ....

Other Medical Conditions .... **History Depression or Family History** ....

Medications taking currently ....

Did your bra size change during pregnancy? O Yes O No

Breast Surgery O Yes O No **Type** .... **Year** ....

How soon after birth did you first put your baby to breast? ....

Did the feeding go well? O Yes O No **Did you experience any problem after this feeding?** O Yes O No

If so, please state: ....

Did your baby receive a supplemental bottle in the hospital? O Yes O No **How many?** ....

No. of wet diapers last 24 hours? .... **No. of stools last 24 hours?** ....

Color of Stool ☐ Black ☐ Brown ☐ Green ☐ Yellow **Consistency of stool** O Seedy/Curdy O Loose

Previous breast feeding experience? O Yes O No **If yes, for how long?** ....

Postpartum: ☐ Fatigue ☐ Pain ☐ Stressed ☐ Blues

Do you have help or support? ....

How is your appetite? .... **How is your fluid intake?** ....

No. of feedings last 24 hours? .... **How often?** ....

Length of each feeding .... **Supplementing?** O Yes O No **How often?**

Ounces of formula: .... **or breast:** ....

Pumping: O Yes O No **How often?** .... **How long?** ....

Avg. amount pumped: ....

Type of pump used: .... **Single or Double pump?** O Single O Double

Hospital grade pump? O Yes O No

I give permission for the Lactation Consultant, Yana Katzap-Nackman BA, IBCLC, RLC to provide me with hands on help in a group setting. Additionally, I give permission for the Lactation Consultant to share her findings and plan of care with my physician and the baby's doctor if applicable. This applies to all visits:

....
Signature and Date

Headfirst Lactation & Doula Services 318 South Lincoln Blvd. Suite 225, Venice, CA 90291 Phone (323) 240-6002 Fax (310) 396-3645