



BABY'S NAME: _____

PARENT'S NAMES: _____

DATE OF BIRTH: _____

BIRTH WEIGHT: _____

PRESENT WEIGHT: _____

WHERE WAS YOUR BABY BORN?

HOME / HOSPITAL

WHAT WEEK OF PREGNANCY WAS YOUR BABY BORN? _____

HAS YOUR BABY BEEN DIAGNOSED WITH ANY HEART ISSUES OR OTHER MEDICAL CONCERNS?

YES / NO

PLEASE LIST ALL MEDICAL DIAGNOSIS/CONCERNS: _____

IS YOUR BABY TAKING ANY MEDICATIONS AT THIS TIME?

YES / NO

PLEASE LIST ALL MEDICATIONS: _____

PLEASE LIST ANY ALLERGIES IF KNOWN: _____

DID YOUR BABY RECEIVE A VITAMIN K INJECTION AT BIRTH?

YES / NO

VITAMIN K IS ROUTINELY GIVEN TO NEWBORNS UNLESS YOU ACTIVELY REFUSED THE TREATMENT

HAS YOUR BABY PREVIOUSLY HAD A TONGUE OR LIP-TIE RELEASE?

YES / NO

IF YES, BY WHOM? _____

HAVE YOU WORKED WITH A LACTATION CONSULTANT OUTSIDE OF THE HOSPITAL?

YES / NO

LACTATION CONSULTANTS NAME: _____

DID YOU EXPERIENCE ANY OF THE FOLLOWING IN LABOUR/DELIVERY: (CHECK ALL THAT APPLY)

- INDUCTION OR PITOCIN USE IN LABOUR TO SPEED IT UP
- EPIDURAL OR SPINAL BLOCK
- C-SECTION - PLANNED OR EMERGENCY (PLEASE CIRCLE)
- VACUUM OR FORCEPS USE OR MANUAL TURNING OR PULLING OF YOUR BABY
- VERY FAST LABOUR/DELIVERY
- EXCESSIVELY LONG LABOUR/ DELIVERY
- BABY WAS IN A BREACH POSITION
- UMBILICAL CORD WRAPPED AROUND THE BABY'S NECK
- BABY REQUIRED NICU CARE (IF YES, FOR HOW LONG?) _____

HAVE YOU NOTICED ANY OF THE FOLLOWING OBSERVATIONS ABOUT YOUR BABY: (CHECK ALL THAT APPLY)

- BABY HAS HAD A STRONG NECK SINCE BIRTH
- WAS ABLE TO ROLL TO THE SIDE IN THE FIRST WEEKS OF LIFE
- BABY IS ALWAYS TURNING THEIR HEAD TO ONE SIDE LEFT SIDE / RIGHT SIDE (PLEASE CIRCLE)
- BABY'S BODY SEEMS VERY TENSE OR RIGID

HAS YOUR BABY BEEN EVALUATED BY A CHIROPRACTOR, CRANIALSACRAL THERAPIST, OR OSTEOPATH?

YES / NO

NAME OF SERVICE PROVIDER AND NUMBER OF SESSIONS: _____

FAMILY DOCTOR'S NAME: _____

PLEASE CHECK ANY THAT APPLY

MOTHER'S BREASTFEEDING SYMPTOMS

- PAIN DURING FEEDINGS
- SEVERE LATCH PAIN CAUSING YOU TO TENSE UP OR HOLD YOUR BREATH
- CREASED, FLATTENED OR BLANCHED NIPPLES AFTER NURSING OR LIPSTICK SHAPE
- NIPPLE DAMAGE (EXAMPLES; BLEEDING, BLISTERS, BLEBS, CRACKS, CUTS, BRUISING, ULCERATIONS)
- POOR OR INCOMPLETE BREAST DRAINAGE
- CLOGGED MILK DUCTS
- MASTITIS OR OTHER BREAST INFECTION
- NIPPLE THRUSH
- DECREASE IN MILK SUPPLY
- A BLANCHED, PAINFUL NIPPLE CONTRACTION SENSATION LONG AFTER A FEEDING IS FINISHED
- FEELINGS OF FRUSTRATION OR SADNESS REGARDING YOUR BREASTFEEDING RELATIONSHIP
- STOPPING YOUR BREASTFEEDING RELATIONSHIP PREMATURELY DUE TO FEEDING COMPLICATIONS
- ONE BREAST HURTS MORE THAN THE OTHER WHEN LATCHING RIGHT SIDE / LEFT SIDE
- ONE BREAST MAKES SIGNIFICANTLY MORE MILK THAN THE OTHER RIGHT SIDE / LEFT SIDE

INFANT BREASTFEEDING SYMPTOMS

- POOR LATCH
- POPPING OFF THE BREAST REPEATEDLY
- GUMMING OR CHEWING OF THE NIPPLE WHILE NURSING
- UNABLE TO OPEN MOUTH WIDE
- SLIDES DOWN THE NIPPLE INTO A SHALLOW LATCH WHILE FEEDING
- CHIN QUIVER OR OTHER MUSCLE QUIVERS DURING FEEDING
- FALLS ASLEEP EASILY AT THE BREAST
- FREQUENT WAKING AND FEEDING, SEEMINGLY UNSATISFIED
- ARCHING THEIR BACK IN DISCOMFORT WHILE CRYING
- EXCESSIVE GAS
- COLIC SYMPTOMS
- EXCESSIVE VOMITTING
- REFLUX
- LEAKING MILK OUT OF THE SIDE OF THE MOUTH
- CLICKING NOISES AT THE BREAST
- UPPER LIP CONTINUOUSLY ROLLED INWARD
- BEING TREATED FOR THRUSH
- BABY DOES BETTER ON ONE BREAST THAN THE OTHER

INFANT BOTTLEFEEDING SYMPTOMS

- POOR LATCH ON BOTTLE NIPPLE
- GUMMING OR CHEWING THE BOTTLE NIPPLE
- UPPER LIP CONTINUOUSLY ROLLED INWARD ON BOTTLE NIPPLE
- LEAKING MILK OUT OF THE SIDES OF THE MOUTH
- CLICKING NOISES
- THRUSTING THE BOTTLE OUT OF THE MOUTH
- EXCESSIVE GAS
- COLIC SYMPTOMS
- REFLUX

- CONSTANTLY THRUSTING A PACIFIER OUT OF THEIR MOUTH OR UNABLE TO HOLD A PACIFIER ON THEIR OWN