

Herzl-Goldfarb Breastfeeding Clinic Intake Sheet © 2018

Today's Date:		<i>Stamp mother's RAMQ card here</i>		
Who referred you?				
Main reason for visit:				
Is breastfeeding getting better/same/worse?				
Mother's Medical History				
Mother's family doctor:				
Past medical history:				
Previous operations including breast surgeries:				
Medications including creams, herbs, supplements:				
Allergies?		Does anyone in the house smoke?	Drink alcohol?	Use recreational drugs?
Pregnancies and Breastfeeding Experiences				
# Pregnancies	# Miscarriages	# Abortion	# Births	# Children
Have you breastfed previously? How many times and for how long? Describe any difficulties.				
Current Pregnancy and Delivery				
Place of delivery:		Number of weeks at delivery:	Baby's Apgars:	
Were you induced?		Vaginal delivery or Cesarean?	Forceps/Vacuum?	Use of epidural:
Complications during pregnancy or delivery:				
Baby's Information				
Baby's birth weight:		Baby's discharge weight and date:	Skin to skin?	Breastfeeding after birth?
Jaundice:	Admission to the NICU:	Hospital readmission:	Surgery:	Other issues:
Name and Phone Number of Baby's Physician:				
Current Breastfeeding Experience				
# Feeds in 24 hours:	Exclusive breastfeeding:		Exclusive Breastmilk feeding (breast and pumped milk):	Mixed Feeding:
Amount supplemented per feed:		Amount supplemented in 24 hours:		Method of supplementation:
Breast/Nipple pain:	Pain began when? Is it still present?		Pain level now (?/10):	
If pumping:	how many time in 24 hours?	type of pump?		total amount pumped:

