

Holactic Health LLC

Maternal History

Pregnancy

- Normal Difficult

If difficult, please explain: _____

- Did you experience breast changes during pregnancy? yes no
 Breast Enlargement Breast Tenderness

Delivery

- Vaginal Cesarean Fetal Diseases: _____
 Premature (how early) NICU Admission Meds/Epidural: _____
 Pitocin Induction Forceps Vacuum Extract

After the baby was born, did you feel changes in your breast within 2-4 days postpartum, e.g. fullness, warmth yes no Please specify: _____

Number of other children _____ Were they breastfed? yes no

If so, how many were breastfed? _____ / How long? _____

Medical History

Have you had any of the following? Please check all that apply.

- Abnormal Pap smear Diabetes type 1 or 2 Hormonal Disorders/Ovarian Cysts
 Anemia Diarrhea Asthma
 Cancer Heart Disease Thyroid Disorders
If so, explain below: If so, explain below: If so, explain below:

- Constipation/Hemorrhoids High Blood Pressure Tuberculosis
 Urinary Tract Infection Infertility Venereal Disease
 HIV/AIDS Jaundice Depression: _____
 Covid -19 Kidney Disease/Infection Skin Disorders: _____
 Physical Disabilities Victim of Sexual Abuse
If so, explain below: PCOS (Polycystic Ovarian Syndrome)

Have you ever had any of the following problems/procedures related to your breasts?
Please check all that apply.

- Breast Implants Lumps Nipple Problems: _____
 Breast Reduction Biopsy Nipple Piercing
 Breast Lift (Mastopexy) Trauma Surgery: _____
 Breast Cancer Burns Skin Grafts
 Radiation to Breast Plastic Surgery Congenital: _____

