

Infant History

Is your baby in good health?

☐ yes

☐ no

Any medical problems?

☐ yes

☐ no

If yes, please explain: _____

Was your baby jaundice?

☐ yes

☐ no

If yes, highest bilirubin?:

What was the day jaundice was discovered?

Treatment?

Any medical complications post delivery?

☐ yes

☐ no

How soon after birth did you baby go to the breast? _____

Any difficulty with latching the baby onto the breast in the hospital or birthing center?

☐ yes

☐ no

Any neurological problems discovered?

☐ yes

☐ no

If yes, please explain:

Any oral/facial anomalies?

If so, please specify

☐ Clefts (palate, lip or both)

☐ Nasal Obstructions

☐ Tight Lingual Frenum (tongue-tied)

Was it corrected?

☐ yes

☐ no

Number of Breastfeedings per day?

How long on each breast?

One or Two breasts per feeding?

Bowel movements per day?

Urination (wet diapers) per day?

When is your baby's next pediatrician's appt?
