

INTAKE FORM

Please complete the following form:

Thank you for choosing Breast 'N Baby Lactation Services, Inc. In order to serve you properly, we need the following. All information will be kept confidential.

Mom's Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Phone: (_____) _____ Dad's Name: _____

Baby's Name: _____ Date Of Birth : _____

How many weeks pregnant when baby born? _____ Birthweight: _____

Name of hospital where you delivered: _____

Check all of the following that apply to your birth:

___ Vaginal Delivery ___ C-section ___ Forceps ___ Vacuum ___ Suctioned

Pediatrician's Name: _____ Address: _____

_____ City/Zip: _____

OB/CNM Name: _____ Address: _____

_____ City/Zip: _____

Have you breastfed other children? ___ yes ___ no How Long? _____

Did someone refer you? Who? _____

In your own words, please tell us the reason for your appointment:

No. of feedings in the past 24 hrs: _____ Wet diapers? _____ Stools? _____

Has your baby had jaundice? ___ yes ___ no Are you supplementing? If so, how much and with what type of formula, or breastmilk? _____

Maternal Medical History: Please check all that apply.

___ infertility ___ IVF ___ thyroid problems ___ migraines ___ PCOS

_____hypertension during pregnancy _____prior low milk supply _____diabetes

Insurance Information:

Insurance Company: _____ Address: _____

Phone No.: _____ Subscriber: _____

Subscriber's Birthdate: _____ ID: _____ Group: _____

Secondary Insurance Info.: _____

I certify that the above information is accurate.

Signature _____ Date _____

Thank you!