

**STEP 1: PLEASE COMPLETE THREE forms *PRIOR TO YOUR APPOINTMENT*:**

- This Checklist form
- New Patient Form
- Preparation Form

**STEP 2: ARRIVE ON TIME** for your appointment as we want to address all your concerns.

**STEP 3: CHECK MARK** on **LEFT** any symptoms you or baby have or had in relation to breastfeeding:

- ☐ Long breastfeeding times: how long ? \_\_\_\_\_
  - ☐ Frequent feeding: how many times per day ? \_\_\_\_\_
  - ☐ Unable to latch to the breast well
  - ☐ Falling asleep at the breast
  - ☐ Baby cannot open wide
  - ☐ The baby clamps or bites: how often? \_\_\_\_\_
  - ☐ Upper lip does not flare out (to help proper passive seal)
  - ☐ Lips have callus / blisters / cobble stone appearance (trying to actively seal)
  - ☐ Excessive gas: burp, wind, hiccoughs, reflux; medication: \_\_\_\_\_
  - ☐ Milk spilling out of mouth
  - ☐ Baby choking on the milk
  - ☐ Baby has difficulty sleeping and wakes frequently to feed
  - ☐ Failure to gain weight or slow weight gain : baby's weight \_\_\_\_\_
  - ☐ Reduced stool and urine output
  - ☐ Clicking/smacking/mouthy noise during feeding: how often? \_\_\_\_\_
  - ☐ Reduced elevation of the tongue: elevation quality? \_\_\_\_\_
  - ☐ Heart shaped tongue on elevation or extension
  - ☐ Finger sweep under the tongue reveals an obstruction (tie)
  - ☐ Hereditary: sibling or parent with history of ☐tongue tie, ☐lip tie
  - ☐ Breast milk production supply issues: ☐over supply, ☐reduced supply
  - ☐ Breast-nipple pain: ☐very high, ☐high, ☐medium, ☐low, ☐very low, ☐none
  - ☐ Breast-nipple damage: ☐compression, ☐cracking, ☐bleeding, ☐infection, ☐mastitis, ☐blocked duct
  - ☐ Breastfeed % \_\_\_\_\_, pumped breast milk % \_\_\_\_\_, formula % \_\_\_\_\_, donated milk % \_\_\_\_\_
- Other: \_\_\_\_\_

* OFFICE USE ONLY *	* OFFICE USE ONLY *	* OFFICE USE ONLY *
Over all latch quality:		
<input type="radio"/> 5/5 no problem		Immediate Post. Op.
<input type="radio"/> 4/5 minor problem		Pain: / 5
<input type="radio"/> 3/5 serious problem		Latch: / 5
<input type="radio"/> 2/5 breast-nipple damage		@home ✓ list provided O
<input type="radio"/> 1/5 supplementing/weight gain issues		Discharge: _____
<input type="radio"/> 0/5 baby cannot latch		

Doctor Notes: \_\_\_\_\_

D26 Baby's Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_ Visit Stage: \_\_\_\_\_