

Spirit of Healing, LLC
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INFANT HISTORY

Date: _____

Client Name: _____

Baby's Name: _____

Date of Birth: _____

BABY'S HEALTH

- Yes No – The baby is/was hospitalized (other than the normal hospital stay at birth)
- Yes No – The baby has/had a health problem
- Yes No – The baby is/was jaundiced
- Yes No – The baby has/had an infection
- Yes No – The baby is/was taking medications. If yes, what and what for? _____
- Yes No – The baby has been subjected to unusual stress. (i.e. circumcision, tongue-tie revision) If yes, what? _____
- Yes No – The baby is Vaccinated: If yes, type (include COVID and FLU shots): _____

_____ and when: _____

BREASTFEEDING HABITS

Circle the times when feedings begin (recent average day)

12 midnight 1 2 3 4 5 6 7 8 9 10 11 AM

12 noon 1 2 3 4 5 6 7 8 9 10 11 PM

The baby breastfeeds every ____ hour(s) or ____ times in a 24-hour period and feedings last ____ minutes

Feedings are ended by ____mother or ____baby?

- Yes No – The baby is supplemented with water extra breast milk or formula:
____oz per feeding or ____oz in 24 hours
- Yes No – The supplement is given by bottle, using _____ type nipple
- Yes No – The baby has been started on foods other than breast milk or formula. If yes, what _____
- Yes No – The baby prefers one breast over the other right left
- Yes No – The baby eats on a very regular schedule
- Yes No – The baby makes a lot of clicking and/or popping sounds while nursing
- Yes No – The baby sucks on a pacifier thumb hand other _____
- Yes No – The baby breastfeeds on both breasts each feeding
- Yes No – The baby breastfeeds more than one time on each breast during a feeding

Yes No – I use/used nipple shields. If yes, why? _____

Yes No – The baby enjoys breastfeeding

BEHAVIOR

The baby sleeps ____ hours in a day or baby is awake ____ hours in a day (whichever is easier to count)

Yes No – The baby is swaddled

What position does the baby sleep in? _____

The baby sleeps in a crib, bassinet, bed with you, in a separate room? _____

The baby's suck at the breast is: weak average too strong

The baby's activity could be rated as: placid active very active

Yes No – The baby is happy and content most of the time

Yes No – The baby burps easily

Yes No – The baby has at least 6 to 8 **very wet** cloth diapers or 4 to 5 disposable diapers in 24 hours

Yes No – The baby's stools are sweet smelling and non-formed

How often is the baby pooping? ____ times per day

What do the poops look like (e.g. color, consistency)? _____

Yes No – The baby will calm down if breastfed when fussy

Yes No – The baby is fussy a great deal of the time

Yes No – The baby has a "witching" hour; if yes, when? _____

Yes No – The baby seems to breastfeed all the time

Yes No – The baby passes gas a great deal of the time

Yes No – I can see a definite relationship between some of the foods I eat and the way the baby acts

Yes No – The baby is a mouth breather

Yes No – The baby spits up. If yes, how frequently _____

My breastfeeding goal with this baby is (3 months, 6 months, 1 year, 2 years, etc) _____