Spirit of Healing, LLC Lactation Intake Form

Lactation intake Form		
PARENT 1'S LAST NAME	FIRST	I WOULD LIKE:
ADDRESS		□ Consult for breastfeeding problem
CITY, STATE, ZIP		Describe
(area code) PHONE/EMAIL		
AGE DATE OF BIRTH	OCCUPATION	□ Learn how to use hand pumps
BABY'S NAME	SEX	□ Learn hand expression
		□ Other
DATE OF BIRTH	BIRTH WT.	
BABY'S CURRENT AGE	CURRENT WT.	
-		I HAVE QUESTIONS ABOUT:
PARENT 2'S LAST NAME	FIRST	□ Building up milk supply
		□ Avoiding sore nipples
AGE DATE OF BIRTH	OCCUPATION	□ Milk collection and storage
FAMILY ETHNIC BACKGROUND		□ Supplementing the baby
REFERRED BY		□ Diet and breastfeeding
		□ Allergies and breastfeeding
PEDIATRICIAN	(area code) PHONE	□ Starting solids
ADDRESS, CITY, ZIP		□Reducing milk supply/weaning
		□ Other
OB/GYN/MIDWIFE	(area code) PHONE	
ADDRESS, CITY, ZIP		
HOSPITAL	(area code) PHONE	

I UNDERSTAND THAT ALL MEDICAL CARE IS TO BE PROVIDED ONLY BY MY OWN PHYSICIAN(S).

I give my permission for the information from this consultation/visit to be used to further the knowledge of breastfeeding. I understand that no specific names will be publically used.

I GIVE MY PERMISSION FOR INFORMATION ABOUT THIS CONSULTATION TO BE SENT TO MY ATTENDING PHYSICIAN(S)/HEALTH CARE PROVIDER(S).

I give my permission for information to be released to my insurance company to assist in evaluation of a claim.

____ (initials) I give my permission for interns to be present during the consultation. I understand that I may revoke this permission at any time.

_____ (initials) I give my permission for photographs/video to be taken during my appointment(s) for educational purposes ONLY. We DO NOT post photos/video on any social media. Before taking any photos/video we will confirm permission to do so.

A LACTATION CONSULTATION USUALLY INCLUDES HANDS-ON ASSESSMENT OF THE MOTHER'S BREASTS, HANDS-ON ASSESSMENT OF THE BABY'S SUCK, OBSERVATION OF THE MOTHER AND BABY BREASTFEEDING, ANALYSIS OF DATA RELATING TO THE BREASTFEEDING SITUATION, TECHNIQUES FOR IMPROVING BREASTFEEDING, AND SOMETIMES USE OF BREASTFEEDING EQUIPMENT.

Date Signature

Lactation Consultant