

EVALUATION & MANAGEMENT FORM..... [ Your Name and Initials HERE ]

INFANT'S NAME \_\_\_\_\_
D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_
TODAY'S WEIGHT \_\_\_\_\_
LAST WEIGHT \_\_\_\_\_ DATE \_\_\_\_\_
PACIFIER USED: N/A / - 1 hr / 2-3 hr / 4-5 hr / + 5hr

NUMBER OF WETS IN PAST 24 HOURS \_\_\_\_\_
NUMBER OF STOOLS IN PAST 24 HOURS \_\_\_\_\_
NUMBER OF FEEDINGS IN 24 HOURS \_\_\_\_\_
NO. OF DAYS \_\_\_\_\_ AVG. PER DAY \_\_\_\_\_

INFANT CONCERNS/ REASON FOR VISIT:

- Maintaining milk supply when returning to work
Low weight gain
Weaning
Biting
Green stools
Low milk supply
Refusal to feed
Thrush
Excessive wakefulness
Maintaining milk supply & starting solids
Night time feedings
Refusing bottle
Colic
Excessive spitting up
Painful feedings/Inhibiting flow
Scheduling
Fussiness
Gassy
Vomiting

OTHER INFANT/FEEDING CONCERNS:

Daytime feedings per day \_\_\_\_\_ Nighttime feeding \_\_\_\_\_ Can only go to sleep at breast? YES NO
Where does baby sleep? Basinet parent's room Basinet own room Crib parent's room Crib own room Parent's Bed

SUPPLEMENTS: Formula: times per day quantity
Juice or water: times per day quantity
Solids: times per day quantity

OBSERVED FEED: Baby Weigh Scale... INTAKE AT BREAST L cc 1st 2nd R cc 1st 2nd Total cc

Notes:

Infant health problems or concerns:

Infant medications or vitamin/iron supplementation:

Maternal concerns:

Nipples: Normal Tender Inflamed Abraded Bruised Cracked Blistered Scabbed Ulcer Yeast
Breast: S M L XL XXL Round Pliable Firm Taut Transitional Engorged

L

R

Maternal medications, vitamins or herbs:

Maternal diet: Balanced High protein Lactat Vegetarian Weight loss Special diet

Appetite: Excellent Good Missing Meals Poor Appetite Smoker: Yes No Alcohol consumption: N/A Occasional Regular

Maternal health problems or concerns:

LACTATION CONSULTANT INTERVENTION, THERAPY and/or TEACHING COVERED IN VISIT:

- Pumping Milk collection & storage Pumping In Workplace Infant settling & sleep techniques Introduction of Bottle
Intro to Solids Nutrition 6 - 12 months Herbal Galactagogues Medications Galactagogues Elimination Diet/Allergies
Forceful MER Thrush care path Oversupply/Overfeeding Instruction in helping baby stool

LACTATION CONSULTANT INTERVENTION AND RECOMMENDATIONS:

RETURN CALL RETURN VISIT WEIGHT CHECK
Referral to: Pediatrician due to concern Mother to OB due to concern Oral Motor Specialist Cranial-sacral/Infant massage

DATE TIME SPENT LACTATION CONSULTANT

PHYSICIAN SIGNATURE