

**TELEPHONE TRIAGE**

MOTHER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

INFANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH WEIGHT \_\_\_\_\_ PRESENT WEIGHT \_\_\_\_\_

NUMBER OF WETS IN 24 HRS \_\_\_\_\_ NUMBER OF STOOLS IN 24 HRS \_\_\_\_\_ NUMBER OF FEEDINGS IN 24 HRS \_\_\_\_\_

BABY'S LAST DOCTOR VISIT? \_\_\_\_\_ NAME OF DOCTOR \_\_\_\_\_

ANY KNOWN MATERNAL ILLNESSES? \_\_\_\_\_

MATERNAL MEDICATIONS? \_\_\_\_\_

MATERNAL BREAST SURGERIES? \_\_\_\_\_

ANY KNOWN ILLNESS OR HEALTH PROBLEM(S) WITH BABY? \_\_\_\_\_

ARE YOU SUPPLEMENTING WITH FORMULA? \_\_\_\_\_ HOW MUCH IN 24 HRS? \_\_\_\_\_ SOLID FOODS? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

DO YOU HAVE A BREASTPUMP? \_\_\_\_\_ TYPE \_\_\_\_\_

PROBLEM? \_\_\_\_\_

SUGGESTIONS: \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ THREE DIGIT ON BACK OF CARD \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

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