

**MOTHER**

**First visit: Breastfeeding Questions**

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*You can be brief. You can tell us more during the visit.*

Date \_\_\_\_\_ YOUR NAME: \_\_\_\_\_

What is the main reason for your appointment today?  BABY issue only  MOTHER issue only  BOTH

What is the main issue **YOU** are having? \_\_\_\_\_

In the last couple days, approximately (*just guess*) how often have you

Breastfed your baby? \_\_\_\_\_ times per day or  not sure

Pumped your breasts? \_\_\_\_\_ times per day approx \_\_\_\_\_ oz/day (*or* \_\_\_\_\_ ml/day)

Hand expressed your breasts? \_\_\_\_\_ times per day

Are you restricting your diet in any way? Yes No If so, what foods are you avoiding? \_\_\_\_\_

Do you have any pain?  nipple pain  breast pain  back, neck, arm or wrist pain?

Have you had enough sleep since yesterday to feel rested for today's appointment? Yes No

What are the main questions you want to discuss today **about yourself**? \_\_\_\_\_

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**Below this line, for office notes**