

BABY**First visit: Feeding Questions and Past History****BABY****PLEASE BRING IN YOUR BABY'S WEIGHT RECORDS**

Today's Date _____ BABY'S NAME: _____ Date of birth _____

What is the main issue **your BABY** is having? _____

How long has this been going on ? _____

What are the main questions you have that you want to discuss today **about your baby**? _____**The past 24 hours****Feeding estimates. (It's ok to guess.)**

Since this time yesterday, please estimate how many times your baby fed in the following ways:

Went to breast?	_____ times per day	(OK to guess number of TIMES; don't guess how MUCH)
Had expressed breastmilk?	_____ times per day	Breastmilk, approx _____ □oz/day (or _____ □ml /day)
Had formula?	_____ times per day	Formula, approx _____ □oz/day (or _____ □ml /day)

Other things taken by mouth:

List any medications, vitamins, or supplements your baby is currently taking _____

Is your baby eating any solid foods, or drinking anything other than breastmilk or formula? _____

Diaper estimates. (It's ok to guess.)

Since this time yesterday, please estimate how many times your baby

Had a wet diaper?	_____ times per day	
Had a soiled diaper?	_____ times per day	Recent stool colors? _____

Your baby's past history

Baby's due date? _____ Where was baby born? _____ Birth weight _____

Induced? **Y N** Epidural? **Y N** Circle one: Vaginal C-Section VBAC

Please check if the baby had any of the following problems: (Blank space is just place for optional brief explanation.)

- ☐ Low blood sugar _____
- ☐ Jaundice _____
- ☐ Trouble at breast _____
- ☐ Hard to wake up, extra sleepy _____
- ☐ Fussiness or crying a lot? **Y N** _____ Before? During? or After feeds?
- ☐ Readmitted to hospital? (Dates? Reason?) _____
- ☐ Surgery? _____
- ☐ Other _____

Baby's weight at our office: _____