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**CONTRIBUTED BY**

**Martin A. Kaplan DMD**

**Thank you for scheduling an appointment with me. The goal of this consultation is to determine if there is a physical oral problem affecting your ability to breastfeed your baby.**

Please answer the following questions so that I may better understand your current breastfeeding issues.

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Weight: Current Weight: Today’s date:\_\_\_\_\_\_\_\_\_\_\_\_

Birth History: Full term Y/N Vaginal/C-Section Forceps /Vacuum assisted Y/N

**Mother**- Do you have any of the following (please check all that apply).

* Painful nursing
* Are your nipples, bruised, cracked, blistered, blanched, flattened, lipstick shaped, bleeding or misshaped nipples after nursing?
* Breast swelling or Clogged ducts
* Mastitis
* Thrush of the nipples

Do you use a shield to breastfeed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times a day do you breastfeed? How long for each side?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Infant**-Does any of the following apply (please check all that apply)

Was your baby previously diagnosed with a lip or tongue tie? Y/N If yes, was it treated somewhere else? Y/N If yes, when\_\_\_\_\_\_\_\_ where\_\_\_\_\_\_\_\_ how\_\_\_\_\_\_\_\_\_\_ by who\_\_\_\_\_\_\_\_\_\_\_ ?

 When nursed is the feeding:

* Prolonged or incomplete
* Baby bobs mouth on and off to latch
* Baby falls off the breast and sleeps
* lip or tongue feels weak
* lip or tongue cycles through sucking and movement for a short time then stops and recycles
* Baby slides off of the nipple
* Chronic burping or flatulence
* Distended or bloated belly
* Signs of reflux such as chronic spitting up, gagging or vomiting
* Signs of discomfort such as arching of the back or clenching of the hands
* Clicking noise or loss of suction while nursing: none, occasional, frequent, inconsistent
* Breast milk leakage from mouth, nose or both
* Does your baby’s tongue feel like sandpaper rubbing against you? Y/N
* Is there a crease mark on your baby’s upper lip after nursing? Y/N
* Is your baby losing weight? If yes, how much? \_\_\_\_\_\_\_\_\_\_ Y/N
* Does nursing feel like there is drinking or gulping? (circle)
* Do you supplement with a bottle to assist with proper feeding? Y/N
* Is there a sustained strong or clamping latch? Y/N

Any other nursing concerns

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