



Lactation Consultation Intake Form – Follow Up

Please email completed form prior to appointment to ksnowden@thecarithersgroup.com

Breastfeeding Parent Information:

Legal Name _____ Chosen Name (if different) _____

Parent's DOB _____ Baby's First and Last Name _____

Baby's DOB _____ Baby's Current Age _____ weeks/months

Breastfeeding Parent's Health History (please select all that apply)

Breastfeeding Parent's Underlying Conditions:

- | | |
|--|--|
| <input type="radio"/> Anemia | <input type="radio"/> High Blood Pressure |
| <input type="radio"/> Anxiety | <input type="radio"/> Infertility |
| <input type="radio"/> Autoimmune disorder | <input type="radio"/> Irregular Periods |
| <input type="radio"/> BMI >30 | <input type="radio"/> Polycystic Ovarian Syndrome (PCOS) |
| <input type="radio"/> Breast surgery (cosmetic or other) | <input type="radio"/> Sexually Transmitted Infection |
| <input type="radio"/> Cancer | <input type="radio"/> Thyroid Disorder: hypothyroid,
hyperthyroid |
| <input type="radio"/> Depression | <input type="radio"/> Vitamin D Deficiency |
| <input type="radio"/> Diabetes (Gestational or Other) | <input type="radio"/> Known contraindications for
breastfeeding |
| <input type="radio"/> Difficulty conceiving | <input type="radio"/> Other _____ |
| <input type="radio"/> Eating disorder | |
| <input type="radio"/> Heart Disease | |
| <input type="radio"/> Hepatitis | |

Are you currently taking (or noting for future use) any of the following?

- | | |
|--|---|
| <input type="radio"/> Prescription Drugs _____ | <input type="radio"/> Topical Estrogen or Progesterone
Cream |
| <input type="radio"/> Supplements _____ | <input type="radio"/> Other _____ |
| <input type="radio"/> Herbs _____ | <input type="radio"/> None |
| <input type="radio"/> Encapsulated Placenta | |

Are you currently using (or noting for future use) any of the following?

- | | |
|--|---|
| <input type="radio"/> Recreational Drugs | <input type="radio"/> Cigarettes/Nicotine/Tobacco |
| <input type="radio"/> Alcohol | |

Lactation: What questions/concerns would you like to address at your lactation consultation?

