

Happy Baby Laser
Dr. Judy Strutz

Patient's Name: _____ Birth Date: _____ Today's Date: _____

Male Female Home Birth Vaginal Birth C-Section Birth

Parent's Name(s): _____

Telephone: Cell: _____ Home: _____ Work: _____

Address: _____

Medical problems: Heart Disease Bleeding Disorders Other Birth weight _____ Present weight _____

- 1. Are you presently breastfeeding? Yes No
If no, how long since you stopped breastfeeding _____
- 2. Are you presently using a nipple shield? Yes No
- 3. Are you choosing not to breastfeed? Yes No
- 4. Are you pumping breast milk? Yes No
- 5. Are you supplementing using a bottle? Yes No
- 6. Are you using a SNS device? Yes No
- 7. Do you or any immediate family members have any bleeding disorders? Yes No

Medical History: Has your child experienced any of the following problems or treatment?
1. Infants are usually given vitamin K at birth to prevent bleeding in the first 8 weeks of life. Did you sign any waiver to refuse the administration of vitamin K? Yes No
2. Was you infant premature? Yes No
3. Does your infant have any heart disease? Yes No
4. Has your infant had any surgery? Yes No
5. Is your child taking any medications? Yes No
 Reflux meds Thrush meds Other _____
Name of Medications: _____

Mother's Symptoms

- Creased, cracked or blanching of nipples
- Painful latching of infant onto the breast
- Gumming or chewing of the nipples
- Bleeding, cracked or cut nipples
- Infant unable to achieve a successful, tight latch
- Poor or incomplete breast drainage
- Infected nipples or breasts
- Abraded nipples
- Plugged ducts
- Mastitis
- Nipple Thrush
- Feelings of depression
- Over supply of breast milk Under supply

Infant's Symptoms

- Difficulty in achieving a good latch
- Falls to sleep while attempting to nurse
- Slides off the breast when attempting to latch
- Reflux (clicking, swallowing air during nursing)
- Gassiness, vomiting, spitting up
- Poor weight gain
- Short sleep episodes (feeding every 1-2 hours)
- Apnea - snoring, heavy noisy breathing
- Unable to keep a pacifier in the infant's mouth
- Gagging when attempting to introduce solid foods
- Milk leaking out sides of mouth during feedings
- Nasal obstruction

Pediatrician: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician's email address: _____

Has your physician evaluated our infant's lip and tongue ties? Yes No

Lactation Consultant: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Consultant's Email address: _____

Referred to our office by: _____

Did you use the Internet to find my office? Yes No

Have you visited my website? Yes No

Additional Comments: _____
