

## Breastfeeding History & Physical Form

<b>Age</b>	
<b>Gravida / Para</b>	
<b>Birth Weight</b>	
<b>Delivery Type</b>	
<b>Pregnancy History</b>	
<b>Birth History/Complications</b>	
<b>Weight History Log</b>	
<b>Breastfeeding Hx:</b>	<b>Problems?</b>  <b>Nursing?</b>  <b>How frequently?</b>  <b>How long is session?</b>  <b># Wet?</b>  <b># Stools?</b>  <b>Work/School Plans</b>  <b>Duration Plans</b>  <b>Social support</b>
<b>Pertinent Medical Hx:</b>	<b>Medications</b>  <b>Allergies</b>

	<b>Pertinent surgeries</b> <b>Illnesses</b>
<b>Family Medical Hx:</b>	<b>Patient breastfed as infant?</b> <b>FOB breastfed as infant?</b>
<b>Physical Exam:</b>	<b>Nursing position</b> <b>Mucus membranes</b> <b>Right/Left</b> <b>Fontanel</b> <b>Infant position</b> <b>Palate</b> <b>Body</b> <b>Frenulum</b> <b>Head</b> <b>Turgor</b> <b>Breast Support</b> <b>Muscle tone/posture</b> <b>Sucking</b> <b>Swallowing</b> <b>Other baby movements</b>