

SEND YOUR EMAIL TO PatIBCLC@aol.com

Answer the following questions in the email:

MOTHER'S NAME _____

AGE _____ PHONE # _____

INFANT'S NAME _____ AGE _____

BIRTH WEIGHT _____ PRESENT WEIGHT _____

NUMBER OF WETS IN 24 HRS _____

NUMBER OF STOOLS IN 24 HRS _____

NUMBER OF FEEDINGS IN 24 HRS _____

BABY'S LAST DOCTOR VISIT? _____

NAME OF DOCTOR _____

ANY KNOWN MATERNAL ILLNESSES? _____

MATERNAL

MEDICATIONS? _____

MATERNAL BREAST

SURGERIES? _____

ANY KNOWN ILLNESS OR HEALTH PROBLEM(S) WITH BABY? _____

ARE YOU SUPPLEMENTING WITH FORMULA? _____ HOW MUCH IN 24 HRS? _____

SOLID FOODS? _____ HOW MUCH? _____

DO YOU HAVE A

BREASTPUMP? _____ TYPE _____

PROBLEM? _____
