

# Ikuta Dental Health Center

ikutasmiles.com

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**Thank you for scheduling 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:** \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_  
Last First MI Preferred Name

**D.O.B \*** \_\_\_\_\_

**Birth Weight:** \_\_\_\_\_

**Current weight:** \_\_\_\_\_

### Check all that apply

#### Newborn/ Birth

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Full term birth          | <input type="checkbox"/> Premature birth        | <input type="checkbox"/> Vaccumed assisted birth       | <input type="checkbox"/> Pitocin or other delivery meds |
| <input type="checkbox"/> Vaginal birth            | <input type="checkbox"/> C-Section              | <input type="checkbox"/> Seen by IBCLC                 | <input type="checkbox"/> Seen by Chiropractor/CST       |
| <input type="checkbox"/> Previously diagnosed tie | <input type="checkbox"/> Previously treated tie | <input type="checkbox"/> Jaundice                      | <input type="checkbox"/> Blood in diapers/stools        |
| <input type="checkbox"/> Diapers yellow/brown     | <input type="checkbox"/> Diapers green/mucous   | <input type="checkbox"/> Vitamin K shot/drops at birth |   |

#### Medications

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#### Baby Symptoms

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Shallow Latch            | <input type="checkbox"/> Easily falls off breast | <input type="checkbox"/> Reflux/Silent reflux/Gerd   | <input type="checkbox"/> Colicky or unexplained crying      |
| <input type="checkbox"/> Excessive spit up        | <input type="checkbox"/> Gagging or choking      | <input type="checkbox"/> Hiccups                     | <input type="checkbox"/> Clicking when feeding              |
| <input type="checkbox"/> Unable to hold pacifier  | <input type="checkbox"/> Poor weight gain        | <input type="checkbox"/> Falls asleep at breast      | <input type="checkbox"/> Prolong or incomplete feedings     |
| <input type="checkbox"/> Congested sounding       | <input type="checkbox"/> Milk on tongue          | <input type="checkbox"/> Gummy/chewing on nipple     | <input type="checkbox"/> Upper lip rolls under when feeding |
| <input type="checkbox"/> Milk leaks while feeding | <input type="checkbox"/> Gulping                 | <input type="checkbox"/> Supplemental/bottle feeding |   |

#### Mother Symptoms

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Pain when nursing         | <input type="checkbox"/> Cracked or bleeding nipples | <input type="checkbox"/> Lipstick shape or mishaped nipples | <input type="checkbox"/> Use of nipple shield     |
| <input type="checkbox"/> Mastitis or plugged ducts | <input type="checkbox"/> Low milk production         | <input type="checkbox"/> Oversupply                         | <input type="checkbox"/> Flat or inverted nipples |

#### Additional infomation

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**Response Date:** \_\_\_\_\_