Darling Essentials, LLC 973-243-2725

**BABY FOLLOW-UP Visit Questions BABY**

***You can be brief. You can tell us more during the visit.***

Date

BABY’S NAME:

What is the main issue your BABY is having?

Since your last visit, are things  better,  worse,  the same?

Any NEW issues since your last visit?

*In just the last couple days,* approximately (just guess) *how many times* per **day** has the baby

Taken the breast?

 times per day

Taken pumped breastmilk?

times per day (Breastmilk, approx oz or ml /day)

Taken formula?

 times per day (Formula, approx oz or ml /day)

Had a wet diaper?

Had a soiled diaper?

 times per day

 times per day Recent color?

Is baby using bottle? Kind?

Other feeding method?

List any medications your baby is currently taking Is your baby comfortable during and after feedings? **Yes No**

Do you see a difference in your baby’s comfort between types of feedings (breast/bottle or breastmilk/formula)? YES NO

What are the main questions you have that you want to discuss today *about your baby*?

**Below this line, for office notes Baby’s weight**