Darling Essentials, LLC 973-243-2725

**BABY First visit: Feeding Questions and Past History BABY**

***PLEASE BRING IN YOUR BABY’S WEIGHT RECORDS***

Today’s Date

BABY’S NAME: Date of birth

What is the main issue ***your BABY*** is having?

How long has this been going on?

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

**The past 24 hours**

**Feeding estimates***. (It’s ok to guess.)*

*Since this time yesterday,* please estimate how many times your baby fed in the following ways:

Went to breast?

 times per day *(OK to guess number of TIMES; don’t guess how MUCH)*

Had expressed breastmilk?

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

ml /day)

Had formula?

***Other things taken by mouth:***

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

ml /day)

List any medications, vitamins, or supplements your baby is currently taking

Is your baby eating any solid foods, or drinking anything other than breastmilk or formula?

**Diaper estimates.** *(It’s ok to guess.)*

*Since this time yesterday,* please estimate how many times your baby

Had a wet diaper?

 times per day

Had a soiled diaper?

times per day Recent stool colors?

**Your baby’s past history**

Baby’s due date? Where was baby born? Birth weight

*Induced****?* Y N** *Epidural?* **Y N Circle one**: Vaginal C-Section VBAC

Please check if the baby had any of the following problems: (Blank space is just place for optional brief explanation.)

 Low blood sugar

 Jaundice

 Trouble at breast

 Hard to wake up, extra sleepy

 Fussiness or crying a lot? Y N Before? During? or After feeds?

 Readmitted to hospital? (Dates? Reason?)

 Surgery?

 Other

**Baby’s weight at our office:**