

Laser Revision New Patient Questionnaire

Patient's Name _____ Birth date _____ Today's Date _____
____ Male ____ Female Birth weight _____ Present weight _____

1. Are you presently breastfeeding ___ Yes ___ No If no, how long since you stopped breastfeeding _____
2. Are you presently using a nipple shield? ___ Yes ___ No
3. How many bottles of formula does the baby get a day? _____ # of bottles of expressed breastmilk? _____
4. Do you or any immediate family members have any bleeding disorders? ___ Yes ___ No

Medical History: Has your child experienced any of the following problems or treatment?

1. Infants are usually given vitamin K at birth to prevent bleeding in the first 8 weeks of life. Did you sign any waiver to refuse the administration of vitamin K? ___ Yes ___ No.
 2. Was your infant premature? ___ Yes ___ No
 3. Does your infant have any heart disease ___ Yes ___ No
 4. Has your infant had any surgery? ___ Yes ___ No
 5. Is Your child taking any medications ___ Yes ___ No
____ Reflux meds ____ Thrush meds ____ other _____
 6. Does your child have a bleeding disorder? ___ Yes ___ No
 7. Other medical conditions _____
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Mother's symptoms

- ____ Creased, Cracked or blanching of nipples
- ____ Painful latching of infant onto the breast
- ____ Gumming or chewing of the nipples
- ____ Bleeding, cracked or cut nipples
- ____ Infant unable to achieve a successful, tight latch
- ____ Poor or incomplete breast drainage
- ____ Infected nipples or breasts
- ____ Abraded nipples
- ____ Plugged Ducts
- ____ Mastitis
- ____ Nipple Thrush
- ____ Feelings of depression
- ____ Oversupply of breastmilk

Infant's Symptoms

- ____ Waking up congested
- ____ Difficulty in achieving a good latch
- ____ Falls to sleep while attempting to nurse
- ____ Slides off the breast when attempting to latch
- ____ Reflux (Aerophagia clicking, swallowing air during nursing)
- ____ Poor weight gain
- ____ Short sleep episodes (feeding every 1-2 hours)
- ____ Apnea- snoring, heavy noisy breathing
- ____ Unable to keep a pacifier in the infant's mouth
- ____ Waking up congested in the morning
- ____ Only sleeping when held upright position, in car seat
- ____ Gagging when attempting to introduce solid foods
- ____ Milk leaking out sides of mouth during feedings

Pediatrician _____ Phone number _____

Has your physician evaluated your infant's lip and tongue ties? ___ yes ___ no

Lactation Consultant _____ Phone number _____