**Michael D. Plunk, DDS, MSD**  **Sabrina Dragan, DMD**

**Patient’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date\_\_\_\_\_\_\_\_\_\_\_**

**Male\_\_\_\_\_\_Female\_\_\_\_\_\_Home Birth\_\_\_\_\_Hospital Birth\_\_\_\_\_Vaginal Birth\_\_\_\_\_\_C-Section**

**Birth weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical disorders: \_\_\_\_\_\_heart disease \_\_\_\_\_\_\_bleeding disorders \_\_\_\_\_\_other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer yes or no to the following:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Are you presently breastfeeding?** |  |  |
| **Are you presently using a nipple shield?** |  |  |
| **Are you pumping breast milk?** |  |  |
| **Are you supplementing using a bottled formula?** |  |  |
| **Is there a history of sibling(s) being treated with a frenectomy/frenuloplasty?** |  |  |
| **Do you or any immediate family members have any bleeding disorders?** |  |  |
| **Infants are usually given vitamin K at birth to prevent bleeding in the first 8 weeks of life. Did you sign a waiver to refuse the administration of vitamin K?** |  |  |
| **Was your infant born premature?** |  |  |
| **Does your infant have any heart disorders or complications?** |  |  |
| **Has your infant had any surgeries?** |  |  |
| **Is your child taking any medications?**1. **If yes, name of medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |  |  |

|  |  |
| --- | --- |
| **Mother’s Symptoms** | **Infant’s Symptoms** |
| **\_\_\_\_\_Creased, cracked, or blanching of nipples** | **\_\_\_\_\_Difficulty in achieving a good firm latch** |
| **\_\_\_\_\_Painful latching onto the breast** | **\_\_\_\_\_Falls asleep while attempting to nurse** |
| **\_\_\_\_\_Infant unable to access a successful, tight latch** | **\_\_\_\_\_Slides off breast when attempting to latch** |
| **\_\_\_\_\_Poor or incomplete breast drainage (engorged)** | **\_\_\_\_\_Reflux (clicking or swallowing air during latch)** |
| **\_\_\_\_\_History of mastitis**  | **\_\_\_\_\_Slow or poor weight gain** |
| **\_\_\_\_\_Over supply (infant doesn’t require a good latch)** | **\_\_\_\_\_Unable to keep a pacifier in infant’s mouth** |
| **\_\_\_\_\_Under supply** | **\_\_\_\_\_Gagging when attempting to introduce solid foods** |
| **\_\_\_\_\_Plugged ducts** | **\_\_\_\_\_Milk spilling out from sides of the mouth when feeding** |
| **\_\_\_\_\_Feelings of depression (lack of infant-mother bonding)** | **\_\_\_\_\_Heart-shaped tongue or a notch in the upper gum tissue** |

**Baby’s pediatrician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_**

**Has your pediatrician evaluated your infant’s lip and tongue ties? \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Agreed \_\_\_\_\_\_Disagreed**

**Lactation Consultation/IBCLC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred to our office by: \_\_\_\_\_internet search \_\_\_\_\_mommy blog \_\_\_\_\_lactation consultant \_\_\_\_\_pediatrician \_\_\_\_\_\_friend \_\_\_\_\_\_relative\_\_\_\_\_\_another infant was treated here**

 **Additional comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**