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 340 Fuller Road  
 Albany, New York 12203  
 Practice limited to infants and  
 toddlers

Patient's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Today's Date \_\_\_\_\_  
 \_\_\_ Male \_\_\_ Female \_\_\_ Home Birth \_\_\_ Hospital Birth \_\_\_ Vaginal birth \_\_\_ C-Section Birth

Medical problems \_\_\_ heart disease \_\_\_ bleeding disorders \_\_\_ other \_\_\_\_\_ 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. Are you choosing not to breastfeed? \_\_\_ Yes \_\_\_ No \_\_\_?
- 4. Are you pumping breast milk \_\_\_ Yes \_\_\_ No
- 5. Are you supplementing using a bottle using formula \_\_\_ Yes \_\_\_ No?
- 6. Are you using a SNS device \_\_\_ Yes \_\_\_ No?
- 7. Do you or any immediate family members have any bleeding disorders? \_\_\_ Yes \_\_\_ No

Medical History as 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 **wavier 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 \_\_\_\_\_  
 Name of medications \_\_\_\_\_

**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 (engorged)
- \_\_\_ Infected nipples or breasts
- \_\_\_ Abraded nipples
- \_\_\_ Plugged Ducts
- \_\_\_ Mastitis
- \_\_\_ Nipple Thrush
- \_\_\_ Feelings of depression (Lack of infant-mother bonding)
- \_\_\_ Over supply (infant doesn't require a good latch)
- \_\_\_ Under supply
- \_\_\_ Have you had surgery for a breast abscess

**Infant's Symptoms**

- \_\_\_ Difficulty in achieving a good firm latch
- \_\_\_ Falls to sleep while attempting to nurse
- \_\_\_ Slides off the breast when attempting to latch
- \_\_\_ Reflux (Clicking, swallowing air during nursing)
- \_\_\_ Slow or 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 or nap time
- \_\_\_ Only sleeping when held upright position, in car seat
- \_\_\_ Gagging when attempting to introduce solid foods
- \_\_\_ Milk leaking out sides of mouth during feedings
- \_\_\_ Sleep in the tee-pee position (bottom up in the air)
- \_\_\_ A notch in the upper gum or if upper teeth present a gap exists.

Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physician's email address \_\_\_\_\_

Has your physician evaluated your infant's lip and tongue ties? \_\_\_ Yes \_\_\_ No \_\_\_ Agreed \_\_\_ Disagreed

Lactation Consultant/IBCLC \_\_\_\_\_ Phone number \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_ Email Address \_\_\_\_\_

Referred to our office by \_\_\_ internet search \_\_\_ mommy blogs \_\_\_ Lactation consultant \_\_\_ physician

\_\_\_ friend \_\_\_ relative \_\_\_ Another infant was treated here: Name of referring person \_\_\_\_\_

Did use the internet to find my office \_\_\_ Yes \_\_\_ No

Have you visited my web site? \_\_\_ Yes \_\_\_ No

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