Motner	Вару
Name:	Name:
DOB:	Current Age
Chart #	Birth Weight
Support person present:	
Notes from Intake Form	
S: Chief complaint:	S: Chief complaint:
Present problem:	Present problem:
B/P P T Wt Ht	<i>O</i> : Weight: Scale
Appearance: WD WN NAD	Previous wt: Scale
Appendince. WB WIT TABLE	Date: Change in wt:
0 cm 1 2 3	% loss (from BW):
O: Right: breast nipple Left: breast nipple Describe	Required intake:/24 hours/ fdg
	Musculoskeletal: Muscle tone: Low / loose Normal High/stiff
	Head: WNL Molding present
	Neck & shoulders: Symmetrical Asymmetrical Tense Intact Clavicles Arching
	Appearance: NAD Well-hydrated
	Jaundice screening: Total body pink White sclera
Proceeds Marriagle or WNI Assessment Control Tubular	Yellow staining to: Prev bili Date:
Breasts: Morphology WNL Asymmetrical Conical Tubular	Phototx:Prev binDate:
R WNL Engorged Firm Full Soft Unremarkable	Oro-facial exam:
L WNL Engorged Firm Full Soft Unremarkable	Cheeks: WNL Low tone Visible fat pads
	Jaws: WNL Receding Symmetrical
Nipple/Areola: Length R Shrt Med Lg XL L Shrt Med Lg XL	Lips: WNL Sucking blister Tight labial frenum
R WNL Everted Flat Inverted Trauma	Mouth/Mucus memb: Moist Dry White patches
L WNL Everted Flat Inverted Trauma	Palate: WNL Bubble-Arch Clefts High Narrow
Neck & shoulders: Pain Symmetrical Tense	Suck exam:
	Jaws: WNL Biting Clenching Tight Wide excursion
Breastfeeding Goals / Emotional Status	Tongue: WNL Bunched Humped Retracting
Calm Anxious Frustrated Tearful Exhausted	Frenum: WNL Tight anterior Tight posterior
Goal for Beastfeeding: Exclusive Partial Length of time	ROM: WNL Poor
Perception of Breastfeeding:	Effectiveness: WNL Coord/Uncor Functional/Dysfx Oral aversion
	Strength of vacuum (0-10)

Mother **Baby** Sleep / Nutrition Sleep:___ Sleep: _ Nutrition: ___ **Other Concerns Other Concerns** Breastfeeding observed: Breast: R L B Position(s): ______ Infant interest: Good Poor _____ Latch: Deep/shallow Gapes & seals Nibbles on Suck: Cont Needs stim NonNut Rhythmic Swallow: Audible Regular Irregular Effectiveness: Good suck Attached, no sucking Clicking Clenching Dimpled cheeks Disorganized Excessive excursion Weak suction Milk ejection: Unremarkable After attached Before attached Hyperactive Not apparent Interventions used during feeding: Intake: **R** 1) Amount ______ Time _____ 2) Amount _____ Time _____ L 1) Amount ______ Time _____ 2) Amount _____ Time _____ Total amt _____ Time _____ Nipple / Breast condition after nursing: Comments: ___ _____ ICD9 _____ ICD9 _____ ______ICD9 _____ ICD9 ____ _____ICD9 _____ _____ ICD9 _____ Progress from last visit: Goals for next visit: Evaluate at next visit: Time spent in consult: Follow-up in: ____ RN/IBCLC % of time in education/counseling: _____ I saw this patient face-to-face and agree with the evaluation. MD___