



Garr Dental Center
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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 _____

If you do not understand or speak English, language assistance, free of charge, is available to you..

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