

New Generation Dental Center Newborn Health History

Patient Information

Patient Name: _____ Date of Birth: _____

Birth Weight: _____ Current Weight: _____ Birth History (circle one): Hospital / Home Birth Full Term: Yes / No

Mother

Do you have any of the following (please check all that apply):

- Painful Nursing
- Are your nipples bruised, cracked, everted, flat, inverted, blistered, blanched, flattened, lipstick-shaped, bleeding, or misshaped after nursing?
- Breast swelling or clogged ducts
- Mastitis
- Thrush of the nipples

Milk supply (check one): strong letdown adequate losing supply

Have you altered your diet? Yes No If yes, why? _____

Do you use a shield to breastfeed? Yes No

How many times a day do you breastfeed? _____

How long on each side? _____

Infant

Do any of the following apply (please check all that apply):

- Previously diagnosed with a tongue or lip tie
If yes, was it treated somewhere else? Yes No If yes, where, when and by whom? _____
- Has your baby taken or is currently taking any prescribed medication?
If yes, what? _____
- Baby has received his or her vitamin K drops or shot
- Have you seen a chiropractor, osteopath, or CST for your baby?
If yes, please explain: _____
- Baby shows posture or shoulder tension or head position favoritism

Nursing Evaluation

Check all that apply during nursing:

- Nursing is prolonged or incomplete
- Baby bobs mouth on and off to latch
- Baby falls off the breast and sleeps
- Lip or tongue feels weak
- Lip or tongue cycles through sucking and movement for a short time, then stops and recycles
- Baby slides off nipple
- Gassiness:
 - burping flatulence hiccups (check all that apply)
- Distended or bloated belly
- Signs of reflux:
 - chronic spitting up gagging vomiting (check all that apply)
- Signs of discomfort such as arching of the back or clenching of the hands

- Clicking noise or loss of suction while nursing:
 - none occasional frequent (check all that apply)
- Breast milk leakage from mouth, nose or both (circle that which applies)
- Baby's tongue feels like sandpaper rubbing against you
- Crease marks on baby's upper lip after nursing
- Baby is losing weight
If yes, how much? _____
- Baby is drinking or gulping while nursing (circle that which applies)
- Do you supplement with a bottle to assist with proper feeding?
If yes, breast milk formula both
- Is there a sustained strong or clamping latch?

Do you have any other nursing concerns? _____

Signature of Parent or Guardian: _____ Date: _____