

# PrimaCare Community Family Health Team Lactation Consultation Intake Form

Please contact the Family Health Team Reception at 519-442-9834 to book an appointment **after** completing this form.

All fields required below \*.

1. Child's Name, DOB & Health Card #: \*
2. Birth Weight: \*
3. Parent(s) Name(s): \*
4. Address: \*
5. Phone Number: \*
6. Email Address: \*

7. Please specify if you have a(n) OBGYN, midwife, pediatrician, or family physician and their name: \*

8. Please specify if you are currently breastfeeding, partially breastfeeding, or supplementing: \*

9. What are your feeding goals for your child(ren)?: \*

*Check all that apply:* \*

Assistance with latch and positioning on the breast (60 min)

Advice on pacifiers or bottles (30 min)

Assistance with breast pump (60 min)

Weaning or introduction of solids (60 min)

Introducing a bottle to a breastfed baby (30 min)

Milk supply or milk letdown issue (60 min)

Breast concern (Ex: mastitis or clogged duct / 30 min)

Tongue Tie Assessment (30 min)

Other (please specify):

10. What is the primary reason for a lactation consultant assessment: \*