



# FEEDING FOUNDATIONS

PO Box 56  
Heidelberg West 3081

0439 380 306  
kathleen@feedingfoundations.com.au  
www.feedingfoundations.com.au

## Case history form – Lactation

|   |                                |                |
|---|--------------------------------|----------------|
| Child's name:   | Age:                           | Date of birth: |
| Filled out by:  | Relationship to child:         |                |
| Referred by (if relevant):  |                                |                |
| <b>What is the most important concern for you about breastfeeding now?</b>                              |                                |                |
| <br><br><br><br><br><br><br><br><br><br>  |                                |                |
| <b>What would you like to be improved or to learn from receiving this service?</b>                      |                                |                |
| <br><br><br><br><br><br><br><br><br><br>  |                                |                |
| <b>What are your hopes/goals for breastfeeding your baby?</b>   |                                |                |
| <br><br><br><br><br><br><br><br><br><br>  |                                |                |
| <b>Do you have any other concerns about breastfeeding?</b>  |                                |                |
| <br><br><br><br><br><br><br><br><br><br>  |                                |                |
| <b>BIRTH HISTORY</b>  |                                |                |
| Length of pregnancy (weeks):  |                                |                |
| Were there any problems during pregnancy? YES NO  |                                |                |
| Details:  |                                |                |
| Birthweight:  | Twin or multiple birth: YES NO |                |
| Did your child require admission to the special care nursery or intensive care unit after birth? YES NO |                                |                |
| If YES, please give details:  |                                |                |
| <br><br><br><br><br><br><br><br><br><br>  |                                |                |

**MEDICAL HISTORY**

Does your child have any medical diagnosis or conditions (past or present)? (E.g. gastrointestinal issues such as reflux, vomiting, constipation; poor growth, cardiac or renal conditions; neurological conditions; learning disability etc) YES NO

If YES, please give details:

Has your child ever been hospitalised or had any surgeries? YES NO

If YES, please list reason(s) and approximate date/ages:

Does your child have any allergies or intolerances? YES NO

If YES, please provide details:

What is your child's current health like? (e.g. how often do they get sick, any ongoing issues?)

Current (or most recent) weight:

Current (or most recent) length/height:

What has their growth been like since they were born?

How do you feel about your child's size and shape?

Any relevant family history of medical, developmental, allergy or eating issues? YES NO

If YES, please give details:

Thank you for taking the time to complete this form – it provides information about your child's feeding/nutrition prior to their initial assessment.

Please return completed form to [kathleen@feedingfoundations.com.au](mailto:kathleen@feedingfoundations.com.au)