

New Baby Information

**Mother**

Name \_\_\_\_\_

DOB \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

**Father**

Name \_\_\_\_\_

DOB \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

**Pregnancy History**

Obstetrician \_\_\_\_\_

Delivery Hospital \_\_\_\_\_

Previous miscarriages \_\_\_\_Yes \_\_\_\_No

Plans to Feed: \_\_\_\_Breast \_\_\_\_Bottle

Previous Breast Surgery \_\_\_\_Yes \_\_\_\_No

Previous Problems Breastfeeding \_\_\_\_Yes \_\_\_\_No

Problems during this pregnancy? Have you been referred to a high-risk OB? Any abnormalities on an ultrasound?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family History** (include yourselves, parents, current children, and your siblings)

Maternal Side

Paternal Side

Food Allergies \_\_\_\_\_

\_\_\_\_\_

Asthma \_\_\_\_\_

\_\_\_\_\_

Congenital Heart Disease \_\_\_\_\_

\_\_\_\_\_

Other Birth Defects \_\_\_\_\_

\_\_\_\_\_

Severe Newborn Jaundice \_\_\_\_\_

\_\_\_\_\_

Frequent urinary tract infections \_\_\_\_\_

\_\_\_\_\_

Strabismus (lazy eye)/Astigmatism \_\_\_\_\_

\_\_\_\_\_

Sudden Infant Death Syndrome \_\_\_\_\_

\_\_\_\_\_

Congenital Hip Dysplasia \_\_\_\_\_

\_\_\_\_\_

Seizures \_\_\_\_\_

\_\_\_\_\_

Bleeding/Clotting Problems \_\_\_\_\_

\_\_\_\_\_