



Date: \_\_\_\_\_

**IBCLC CONSULTATION REPORT**

Lactation Consultant Name \_\_\_\_\_

Lactation Consultant Phone/ Email \_\_\_\_\_

Phone  In office  Virtual

**Lactating Parent:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Baby:** \_\_\_\_\_  M  F **DOB:** \_\_\_\_\_ **Today's Age:** \_\_\_\_\_

**Breastfeeding Goal(s):** \_\_\_\_\_

**Feeding Concern(s):** \_\_\_\_\_

**Infant Assessment**

- Weight gain: \_\_\_\_\_
- Output: \_\_\_\_\_
- Upper body Eval: \_\_\_\_\_
- Oral cavity: \_\_\_\_\_
- Medical: \_\_\_\_\_
- Latch: \_\_\_\_\_
- Other: \_\_\_\_\_

**Maternal Assessment**

- History: \_\_\_\_\_
- Medical: \_\_\_\_\_
- Milk supply: \_\_\_\_\_
- Breast Eval: \_\_\_\_\_
- Nipple Eval: \_\_\_\_\_
- Devices: \_\_\_\_\_
- Other: \_\_\_\_\_

**Interventions/ Education**

- Breast massage/ hand expression
- Breast pumps
- Milk production/ how to adjust supply
- Supplementation/ proper mixing education
- Paced bottle feeding
- Signs of good/ poor latch
- Proper positioning
- Feeding cues
- Breastfeeding/ latch aides: \_\_\_\_\_
- Nutrition/ hydration
- Herbals/ medication to discuss with doctor
- Management of: \_\_\_\_\_
- Resources/referrals: \_\_\_\_\_

**Feeding Plan:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Follow up:** \_\_\_\_\_  Phone  In office  Virtual

Confirm *Release of Information* has been signed by client before sending Consultation Report to HCP. Release signed?  YES  NO

This institution is an equal opportunity provider.