

# Staffing and Supervision 20: Peer Counselor Intake Log

**Note:** Items in **red** must be referred to the WIC Designated Breastfeeding Expert

Date \_\_\_\_\_ WIC Agency/Clinic \_\_\_\_\_ Language \_\_\_\_\_

Client ID# \_\_\_\_\_ Mom's DOB \_\_\_\_\_

Mom's full name \_\_\_\_\_ Baby's Name \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_ Age now \_\_\_\_\_

\_\_\_\_\_ Wt. (birth) \_\_\_\_\_ (now) \_\_\_\_\_

Phone \_\_\_\_\_ EDD \_\_\_\_\_ **Baby's Gestational Age at Birth** \_\_\_\_\_

Other Contact # \_\_\_\_\_ Birth: Vaginal \_\_\_\_\_ Emergency C-Sec \_\_\_\_\_ Planned C-Sec \_\_\_\_\_

Do you plan to BF? Yes \_\_\_ No \_\_\_ Place of Birth: \_\_\_\_\_

Gravida \_\_\_\_\_ Parity \_\_\_\_\_ # Bfd \_\_\_\_\_ How long did you breastfeed? \_\_\_\_\_

**Smoking:** None \_\_\_ Maternal \_\_\_ 2<sup>nd</sup>-hand \_\_\_ **Medications** \_\_\_\_\_

**Nursing:**  Painful  Cracked/Bleeding  Latch difficulty  Baby reluctant/refusing  
 Pregnant  Pacifier use  Perceived Milk Insufficiency  Problem free

Nursing every.....1<sup>5</sup> 2<sup>5</sup> 3<sup>5</sup> 4+ hours OR BF \_\_\_\_\_ times per day \_\_\_\_\_ minutes per side

**Maternal Hx:**  **Breast Surgery**  **Depression**  **Gastric Bypass**  **Maternal Fever**  **Diabetic**  
 **Hormonal problems**  **Thyroid**  **Other** \_\_\_\_\_

**Baby Hx:**  **Prematurity**  **GERD**  **Heart Condition**  **Congenital**  **Slow Weight Gain**  
 **Cleft Lip/Palate**  **Kidney**  **Down Syndrome**  **Jaundice**  **Other** \_\_\_\_\_  
 **Neurological** **Longest sleep:** \_\_\_\_\_

**Wet Diapers** \_\_\_\_/24 Hours **Soiled Diapers** \_\_\_\_/24 hours **Stool Color** \_\_\_\_\_ Consistency \_\_\_\_\_

**Supplemental Bottles?** No \_\_\_ Yes \_\_\_  EBM  ABM  BOTH # Ounces \_\_\_\_\_ How often \_\_\_\_\_

ABM Brand(s) \_\_\_\_\_ Pumping? No \_\_\_ Yes \_\_\_ Frequency \_\_\_\_\_ Ounces \_\_\_\_\_

## TOPICS DISCUSSED WITH CLIENT

**REFERRED TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_

**How Referral Was Made:** \_\_\_\_\_

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**NOTES:**

Adapted from Florida Department of Health in Miami-Dade County WIC Program original breastfeeding assessment form