



# Pomerance

## INTEGRATIVE DENTAL CARE

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Patient's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Male \_\_\_ Female \_\_\_ Home Birth \_\_\_ Hospital Birth \_\_\_ Vaginal birth \_\_\_ C-Section Birth

Medical problems \_\_\_ heart disease \_\_\_ bleeding disorders \_\_\_ other \_\_\_\_\_ Birth weight \_\_\_\_\_ Present weight \_\_\_\_\_

1. Are you presently breastfeeding \_\_\_ Yes \_\_\_ No  
 If no, how long since you stopped breastfeeding \_\_\_\_\_
2. Are you presently using a nipple shield? \_\_\_ Yes \_\_\_ No
3. Are you choosing not to breastfeed? \_\_\_ Yes \_\_\_ No \_\_\_?
4. Are you pumping breast milk \_\_\_ Yes \_\_\_ No
5. Are you supplementing using a bottle \_\_\_ Yes \_\_\_ No?
6. Are you using a SNS device \_\_\_ Yes \_\_\_ No?
7. Do you or any immediate family members have any bleeding disorders? \_\_\_ Yes \_\_\_ No

Medical History as your child experienced any of the following problems or treatment?  
 1. Infants are usually given vitamin K at birth to prevent bleeding in the first 8 weeks of life. Did you sign any wavier to refuse the administration of vitamin K? \_\_\_ Yes \_\_\_ No.  
 2. Was your infant premature? \_\_\_ Yes \_\_\_ No  
 3. Does your infant have any heart disease \_\_\_ Yes \_\_\_ No  
 4. Has your infant had any surgery? \_\_\_ Yes \_\_\_ No  
 5. Is your child taking any medications \_\_\_ Yes \_\_\_ No  
 \_\_\_ Reflux meds \_\_\_ Thrush meds \_\_\_ other \_\_\_\_\_  
 Name of medications \_\_\_\_\_

- Mother's symptoms
- \_\_\_ Creased, Cracked or blanching of nipples
  - \_\_\_ Painful latching of infant onto the breast
  - \_\_\_ Gumming or chewing of the nipples
  - \_\_\_ Bleeding, cracked or cut nipples
  - \_\_\_ Infant unable to achieve a successful, tight latch
  - \_\_\_ Poor or incomplete breast drainage
  - \_\_\_ Infected nipples or breasts
  - \_\_\_ Abraded nipples
  - \_\_\_ Plugged Ducts
  - \_\_\_ Mastitis
  - \_\_\_ Nipple Thrush
  - \_\_\_ Feelings of depression
  - \_\_\_ Over supply of breast milk
  - \_\_\_ Under supply

- Infant's Symptoms
- \_\_\_ Difficulty in achieving a good latch
  - \_\_\_ Falls to sleep while attempting to nurse
  - \_\_\_ Slides off the breast when attempting to latch
  - \_\_\_ Reflux (Clicking, swallowing air during nursing)
  - \_\_\_ Poor weight gain
  - \_\_\_ Short sleep episodes (feeding every 1-2 hours)
  - \_\_\_ Apnea- snoring, heavy noisy breathing
  - \_\_\_ Unable to keep a pacifier in the infant's mouth
  - \_\_\_ Waking up congested in the morning
  - \_\_\_ Only sleeping when held upright position, in car seat
  - \_\_\_ Gagging when attempting to introduce solid foods
  - \_\_\_ Milk leaking out sides of mouth during feedings
  - \_\_\_ Waking up congested nap time

Pediatrician \_\_\_\_\_ Phone number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physicians email address \_\_\_\_\_  
 Has your physician evaluated your infant's lip and tongue ties? \_\_\_ yes \_\_\_ no \_\_\_\_\_  
 Lactation Consultant \_\_\_\_\_ Phone number \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_ Email Address \_\_\_\_\_

Referred to our office by \_\_\_\_\_  
 Did use the internet to find my office \_\_\_ Yes \_\_\_ No  
 Have you visited my web site? \_\_\_ Yes \_\_\_ No  
 Additional comments \_\_\_\_\_