

# BIRTH ON EARTH BREASTFEEDING SUPPORT SERVICES

## INTAKE FORM AND CONSENT FOR INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT SERVICES

DATE: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ DOB: \_\_\_\_\_ G: \_\_\_\_ P: \_\_\_\_

BABY: \_\_\_\_\_ DOB: \_\_\_\_\_ WEEKS GESTATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TEL: H: \_\_\_\_\_ C: \_\_\_\_\_

PEDIATRICIAN: \_\_\_\_\_ TEL: \_\_\_\_\_

HEALTH CARE PROVIDER: \_\_\_\_\_ TEL: \_\_\_\_\_

MIDWIFE/ OBGYN: \_\_\_\_\_ TEL: \_\_\_\_\_

PRIMARY CONCERN: ***(Please highlight)***

<input type="checkbox"/> Latch/Position	<input type="checkbox"/> Breast Pain	<input type="checkbox"/> Breast preference
<input type="checkbox"/> Nipple Pain L R	<input type="checkbox"/> Insufficient supply	<input type="checkbox"/> Breast Refusal
<input type="checkbox"/> Fussy/Gassy Baby	<input type="checkbox"/> Poor output	<input type="checkbox"/> Weight Concerns
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Engorgement	

I/ We, \_\_\_\_\_ do grant permission to **SHANNON MCLENNON, IBCLC** to provide this consultation and any further consultations in the future. I agree that Shannon will observe us breastfeed and/ or examine my breasts during the period of lactation assistance. Shannon agrees to provide an assessment and breastfeeding plan to you. I/ We understand that **ALL** medical treatment is done by my own Healthcare provider and lactation consultants do not provide diagnoses. I/ We agree to release Shannon McLennon or Birth on Earth Breastfeeding Support Services of any liability and Shannon McLennon agrees to provide the best support to her ability and expertise.

**I agree to the following fee structure:**

- Minimum 90 min. consultation and assessment **\$85.00**
  - Minimum 60 min. follow up visit within 2 weeks of initial visit **\$40.00**
  - Telephone/ email support included. \*(There may be instances where an in-person visit may be necessary)
    - Payment accepted by *email money transfer* to: **birthonearth.breastfeeding@gmail.com**.  
Please use 'name of services' with answer 'birthonearth'.
- \*Exceptions may be made on an individual basis.*

I/We do agree that all information is to be kept confidential between the client and service provider until otherwise permitted by the client written or verbally to Birth on Earth Breastfeeding Supports.

DATE: \_\_\_\_\_ Signature of Client/Spouse: \_\_\_\_\_

DATE: \_\_\_\_\_ Signature of IBCLC: \_\_\_\_\_