

# Antenatal consultation Form

Full Name:

Number:

Current pregnancy gestation (in weeks):

Due date:

Address:

GP Surgery:

Is this baby expected to be full term?

Yes

No

What number baby is this?:

1

2

3

4

Other

If this isn't your first baby, how long did you breastfeed your older children for?

1 week

1-4 weeks

1-3 months

3-6 months

6-12 months

12 months

Pregnancy and breastfeeding summary of previous children:

Maternal Medical History:

Type 1 Diabetes

Type 2 Diabetes

Hyperthyroidism

Hypothyroidism

Fertility Issues

Mental Health  
Concerns

Gestational  
Diabetes

PCOS (Polycystic  
Ovarian Syndrome)

Other

Are there any notable pregnancy conditions or situations I should be aware of?:

What type of birth do you have planned?  
(please select all that are relevant)

Spontaneous Vaginal  
Delivery (SVD)

Water Birth

Planned C.S.

Are you taking any medications? (please provide information below):

Have you ever had breast, chest or gynae surgery?

Yes

No

If you answered yes to the above question, please provide details below:

Please provide a description of your reason for the consultation and any concerns you have:

What are your infant feeding goals?

I wish to exclusively breastfeed my  
baby

I wish to mix feed (Breast and  
Bottle) using my milk only

I wish to exclusively express my milk  
for my baby

I wish to mix feed (Breast and Bottle) using  
some formula

Is there anything else you would like me to know to enable me to better support you?