



Your Village Consulting

Homemade Formula Intake Form

Today's date: _____

Personal Information

Your Name: _____

Home phone #: _____

Cell phone: _____

Email address: _____

Child's Name: _____

Date of birth: _____

Allergies:

Special needs

Dietary restrictions:

1. How much formula is your baby taking a day?
2. How much total milk (breastmilk, donor milk, formula) is your baby taking a day?
3. How often does your baby eat? During day? Night?
4. How do you feel about donor breastmilk?
5. Are you breastfeeding or expressing breastmilk? If yes, how do you feel about increasing your supply? What currently are you doing to increase your supply (herbs, pumping, etc.)?
6. Are you currently seeing a lactation consultant?
7. Are you interested in making homemade formula yourself?