

Client Intake Breastfeeding Consultation Services

Report **page 1**

MOTHER			
LAST NAME		FIRST NAME	MI
			AGE
ADDRESS			
CITY		STATE	ZIP
HOME PHONE		WORK PHONE	
()		()	
OCCUPATION		EMPLOYER	
INTENTION TO WORK			
FATHER			
LAST NAME		FIRST NAME	MI
			AGE
OCCUPATION		EMPLOYER	
OB/GYN			
LAST NAME		FIRST NAME	MI
ADDRESS			
CITY		STATE	ZIP
PHONE			
()			

E-MAIL	
INFANT	
LAST NAME	
FIRST NAME	
MI	
GESTATIONAL AGE	DOB
PRESENT AGE (days)	
BORN AT	
BIRTH WEIGHT	PRESENT WEIGHT
PEDIATRICIAN OR FAMILY PHYSICIAN	
LAST NAME	
FIRST NAME	
MI	
ADDRESS	
CITY	
STATE	
ZIP	
PHONE	
()	
REFERRED BY	

REASONS FOR CONSULTATION	
MOTHER	INFANT
<input type="checkbox"/> Sore nipples/breasts <input type="checkbox"/> Breast infection/management care <input type="checkbox"/> Engorgement <input type="checkbox"/> Flat or inverted nipple (s) <input type="checkbox"/> Breast pump rental/purchase <input type="checkbox"/> Low milk supply <input type="checkbox"/> Working and breastfeeding <input type="checkbox"/> Nutrition and breastfeeding <input type="checkbox"/> Other _____	<input type="checkbox"/> Help with latch on and positioning <input type="checkbox"/> Rubber nipple preference <input type="checkbox"/> Preterm infant <input type="checkbox"/> Sleepy baby <input type="checkbox"/> Weight gain problems <input type="checkbox"/> Fussy baby <input type="checkbox"/> Allergies and breastfeeding <input type="checkbox"/> Other _____

CONSENT FOR BREASTFEEDING CONSULTATION SERVICES

I grant my permission for breastfeeding consultation services to be performed by the staff of the Northern Virginia Lactation Consultants, Inc. I understand that to learn how the breastfeeding consultant can help me, this consultation may consist of the following: a medical history of me and my baby, a physical assessment of my breasts, an assessment of how my baby breastfeeds including an examination of his/her mouth and tongue, the use of breastfeeding aids and equipment, helpful hints and other educational information to help me breastfeed.

I authorize the breastfeeding consultant to release the information gained during the consultation to my primary care physician(s), health care provider, and insurance company (to assist with claim reimbursement).

Optional: During the consultation I would like my husband / support person to photograph this session for my own personal use. I understand that these photos or videos are not to be sold or released on the Internet. The lactation consultant agrees to be photographed or videoed for my own teaching purposes only.

I understand that all medical care for my baby and me is to be provided by our physician(s) and health care providers.

I understand and agree that the information in this file will be kept for a period of seven years.

I accept payment responsibility for the breastfeeding consultation, and equipment rental or purchase, regardless of insurance or other third party involvement. I authorize the staff of the Northern Virginia Lactation Consultants to charge my credit card for services rendered. The fee for service is as follows: \$85.00 an hour (billed in increments of 15 minutes thereafter), and an additional \$85.00 travel fee for in-home consultations.

Mother's Signature

Date _____

Lactation Consultant's Signature

Date _____



Addendum to Medela and Ameda Pump/Scale Rental Form

Rental Rates and Terms

1. Daily rate is \$2.65 per day for all pump rentals, with an initial 10-day minimum. This 10-day rental can be applied to either the one-month or the five-month rental programs **if** you pre-pay your contract before the initial contract expires.
 - a. **Medela Lactina, Ameda Lact E, Egnell Elite** – monthly rate is \$60.00 the first month and \$45.00 each additional month **when pre-paid**. Five-month rental is \$200.00, with each additional month \$40.00 **when pre-paid**.
 - b. **Medela Symphony** – monthly rate is \$75.00 the first month and \$65.00 each additional month **when pre-paid**. Five-month rental is \$300.00, with each additional month \$60.00 **when pre-paid**.
 - c. **Scale Rental** is \$4.00 daily rate with and minimum rental of five days. This can be applied to the one-month **pre-paid** rate of \$60.00
 - d. **In order to receive the discount rental rates, payment must be received on or before the contract expiration date. NO EXCEPTIONS**
2. **You are responsible for payment of the rental equipment regardless of whether or not it's being used. We do not give refunds for early returns.** Your Visa/MC may be used to charge pump extensions, balance owed, cleaning fees assessed or full cost of the rental equipment if it has not been returned. Our equipment ranges in price from \$800 - \$3,000.
3. When returning the pump, **please contact the office to arrange a drop-off time.** Remove all the pieces of your milk collection kit, and clean the pump and case with some Windex to remove any dried milk, dust, or debris. There is a minimum **standard servicing and cleaning fee of \$15.00** charged when the pump is returned. When returning the scale, please **contact the office to arrange a drop-off time.** Clean scale and case. Return scale with original printed materials and plastic sheet cover. Replacement costs for broken power cords will be charged to your account.
4. We will refund any unopened breastfeeding equipment, but we charge a 20% restocking fee.
5. **Your rental contract begins on _____ date and ends on _____ date, on or before 11:00 a.m.**

Client Name _____ **Rented Pump / Scale #** _____

I acknowledge that I have read and agree to the Medela or Ameda rental contract and the addendum set forth above and that I have received a copy of the addendum.

Client Signature _____ **Date** _____

NVLC INC (signature of representative) _____

Pump/Scale Rental Cover Sheet

Rental # _____ Type _____

Client's name _____ Partner's name _____

Email Address _____

Credit Card # _____ Exp _____ Authorization code _____

Initial Contract covers from: ____/____/____ to ____/____/____**(Please choose between options one and two)**

1.) Please automatically charge my credit card to get the prepaid, discounted monthly rate. I understand that there is no refund for early return of my rental equipment. - **OR** -

2.) I will be responsible for contacting the office to extend my rental agreement. If the contract expires before I've returned the rented equipment, I will pay the daily rate of \$2.78 per day for a breastpump, or \$4.00 per day for a scale, until I've renewed the contract or returned the equipment.

I give my permission to NVLC, INC to leave messages on my home answering machine or with household members concerning my rental account.

I give my permission to NVLC, INC to contact me by email.

FOR MILITARY FAMILIES ONLY:

I am in the _____ branch of the Military. I'm stationed at _____.

My commander is _____. Work # _____

I have read the addendum to the Medela or Hollister contract and agree to the terms.

Client's Signature _____ **Date:** ____/____/____

Pd with consult
Charge account

For Office Use Only:

Date: ____/____/____ payment method: ____ amt. _____ covers from ____/____/____ to ____/____/____
Receipt # _____ Charge made ____ PDF made ____ Sent PDF ____ receipt mailed ____
entered on excel worksheet ____ entered on calendar ____

Notes: _____

Date: ____/____/____ payment method: ____ amt. _____ covers from ____/____/____ to ____/____/____
Receipt # _____ Charge made ____ PDF made ____ Sent PDF ____ receipt mailed ____
entered on excel worksheet ____ entered on calendar ____

Notes: _____

Date: ____/____/____ payment method: ____ amt. _____ covers from ____/____/____ to ____/____/____
Receipt # _____ Charge made ____ PDF made ____ Sent PDF ____ receipt mailed ____
entered on excel worksheet ____ entered on calendar ____

Notes: _____

Date: ____/____/____ payment method: ____ amt. _____ covers from ____/____/____ to ____/____/____
Receipt # _____ Charge made ____ PDF made ____ Sent PDF ____ receipt mailed ____
entered on excel worksheet ____ entered on calendar ____



Northern Virginia
LACTATION
consultants

Northern Virginia Lactation Center
4250 Chain Bridge Road • Fairfax • VA • 22030
703 425 2229 • help@nvlcbaby.com
Josie Tullo 2010

Directions to Northern Virginia Lactation Center

*Mapquest and GPS systems are not always correct!
Please follow the directions below:*

Alexandria – Beltway to Braddock Rd. West. Go 4-5 miles, and then go Right onto Ox Rd / 123 N / Chain Bridge Rd. George Mason U. will be on the right. Go 3 more traffic lights, at the 3rd make a left onto West Dr. 1st driveway on the left. Office is the end unit on the right.

Arlington – 66W to exit 60 (Fairfax, Vienna, 123South). Go past 5 traffic lights, through Old Town Fairfax. Pass Red, Hot & Blue restaurant on right. Next light – right onto West Dr. 1st left into parking lot. Office is the end unit on the right.

Woodbridge – 123 North, pass Braddock Rd., at the 3rd light after Braddock – make a left onto West Dr., then 1st left into our parking lot. Office is the end unit on the right.

Bristow, Haymarket – 66E to Fairfax Pkwy, south. Take Braddock Rd East exit. Go approx. 3 traffic lights, and then make a left onto Ox Rd (sometimes called 123 North, Chain Bridge Rd.) At 3rd light, go left onto West Dr. 1st left into our parking lot. Office is the end unit on the right.

Reston, Herndon – Fairfax Pkwy, south to Braddock Rd. East exit. Go approx. 3 traffic lights, and then make a left onto Ox Rd (sometimes called 123 North, or Chain Bridge Rd). At 3rd light, go left onto West Dr., then 1st left into our parking lot. Office is the end unit on the right.