



Baby's Best Feeding

Yvonne C. Bannister, BS, IBCLC, CCE, CIIM, CMT
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CONSENT FOR LACTATION CONSULTATION

I, _____, mother of baby _____, give Yvonne Bannister written consent to provide a complete lactation consultation. I understand that a lactation consultant is an allied health care provider and responsible for evaluating and recommending a care path to resolve breastfeeding issues. A lactation visit includes a detailed history of mother/infant, an assessment of maternal/infant anatomy, observation of a feeding for evaluation of techniques and effective feeding, and recommendations for management to improve and/or resolve breastfeeding related issues. All clients are provided with a written and/or oral care path to improve breastfeeding concerns. The client and the lactation consultant each have responsibilities in this path. Resolution of a breastfeeding problem often takes several days or weeks and may require a change in the original recommended care path.

_____ I understand that I am responsible for informing Yvonne Bannister, IBCLC of changes I feel are necessary in the care path at the time of the visit or during the course of follow-up communications. Phone contact during the time following the lactation visit is crucial and considered an extension of the visit. **I understand that it is my responsibility to call Yvonne Bannister** with progress reports, questions or concerns.

_____ I understand any change from my physician's recommendations should be discussed with the physician. Health care issues of a medical nature **MUST** be discussed with a physician.

_____ I understand that a partial or follow-up visit is sometimes necessary. I understand that breastfeeding supplies and/or a breast pump may be recommended as effective management of specific situations. Only effective equipment will be recommended.

_____ I hereby authorize Yvonne Bannister to send information about this and subsequent visits to our health care providers including my infant's doctor(s), my primary care provider, and all other medical provider(s) who may have an impact on our breastfeeding relationship. I also give Yvonne Bannister my consent to consult with my health care provider(s) in any way she deems appropriate and to request my medical records when necessary.

_____ I authorize Yvonne Bannister to release pertinent information to my insurance company as necessary.

_____ I authorize the use of information from this consultation to further the knowledge of breastfeeding and understand that our names will not be used.

_____ I authorize Yvonne Bannister to record and/or take pictures for documentation.

I understand that total payment is expected at the conclusion of the consultation unless prior arrangements have been made. I further understand that, if I choose, my insurance will be billed for reimbursement. I choose the following consultation:

- Initial Home, Office or Hospital Visit \$140.00
(Complete evaluation and assessment a 2 hour consultation)
 - Initial Visit and One Hour Follow-up \$205.00
 - Home, Office or Hospital Visit (1/2 hour consultation) \$ 45.00 (\$55.00)*
 - Home, Office, Hospital or Follow-up Visit (1 hour consultation) \$ 75.00 (\$85.00)*
- * Specify if you want your insurance company to be billed

Signature of Mother/Father - Date

Signature of Lactation Consultant - Date

"A mother holds her baby . . . who lovingly holds her breast and gets the best!"

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-Yvonne C. Bannister