

Informed Consent For Feeding Assessment



I, _____ give my consent for the feeding assessment to be performed by Mamas and Milk LLC

Please read the statements below:

I understand the occupational therapist is an allied health care provider and is responsible for evaluating and recommending a care path to resolve or improve feeding and development challenges. An occupational therapist visit requires a detailed history of the mother and infant, an assessment of maternal and infant anatomy, observation of a feeding for evaluation of technique and effectiveness of feeding, and recommendations for management to improve and/or resolve feeding and developmental related issues.

I understand that upon completion of the visit, I will be provided with a written and/or oral care path to improve feeding challenges. I understand that I, the client, and the occupational therapist each have responsibilities in this path.

I have received a copy of the provider's Privacy Practices.

I understand that the consultation may require the consultant to touch my breasts. I agree to allow this as part of my visit, and I understand that I may withdraw my consent to be touched at any time for any reason.

I understand that the consultation will require the occupational therapist evaluate, hold, and move my baby. I agree to allow this as part of my visit.

Signature

Date

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