

**Manual Certification Form for Infants (IBE, IBP, IFF)**

<b>CPA Signature:</b> _____		<b>Date:</b> _____	
<b>Present for Cert:</b> <input type="checkbox"/>			
<b>Reason Not Present:</b> <input type="checkbox"/> Medical Equipment Not Transportable <input type="checkbox"/> Confined to Bed Rest <input type="checkbox"/> Serious Illness <input type="checkbox"/> Transfer Out of State			
<b><u>Breastfeeding Status</u></b>			
<b>Are you currently BF or pumping?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Are you currently giving any supplemental formula?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Amount of BF:</b> <input type="checkbox"/> Mostly <input type="checkbox"/> Some		<b>Was your baby ever BF or fed breast milk?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
<b>Date Supplemental feeding began:</b> _____		<b>Date BF ended:</b> _____ <b>Reason:</b> _____	
<b>Did you BF as long as you desired?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Category:</b> <input type="checkbox"/> IBE <input type="checkbox"/> IBP <input type="checkbox"/> IFF	
<b><u>BF Information</u></b>			
<b>How is BF going?</b> _____			
<b>How many times is the baby BF or given breast milk in a day (24 hours)?</b> _____			
<b>Are there any concerns about BF?</b> _____			
<b>BF Referral to:</b>		<b>Reason Referred:</b>	
<input type="checkbox"/> WIC		<input type="checkbox"/> Nipple Issues <input type="checkbox"/> Needs Support/Unsure	
<input type="checkbox"/> Community Support		<input type="checkbox"/> Breast Surgery <input type="checkbox"/> Medical Condition	
<input type="checkbox"/> No Referral Made		<input type="checkbox"/> 1st Time Pregnant	
		<input type="checkbox"/> General Support	
		<input type="checkbox"/> Expecting Multiples	
<b>Reason Not Referred:</b>			
<input type="checkbox"/> Baby Being Placed for Adoption			
<input type="checkbox"/> CPA Professional Judgement			
<input type="checkbox"/> Client Declined			
<input type="checkbox"/> No Local Referral Resource Available			
<b><u>Lab Data</u></b>			
<b>Birth Length:</b> _____ in _____ 1/8 <input type="checkbox"/> unknown		<b>Birth Weight:</b> _____ lbs _____ oz <input type="checkbox"/> unknown	
<b>Completed Wks of Gestation:</b> _____ lbs <input type="checkbox"/> unknown		<b>Immunization Status:</b> <input type="checkbox"/> Reviewed <input type="checkbox"/> Referred <input type="checkbox"/> Declined	
<b>Current Ht:</b> _____ in _____ 1/8		<b>Current Wt:</b> _____ lbs _____ oz <b>HGB</b> _____	
<b>No Blood</b> <input type="checkbox"/>		<b>Exemption Reason:</b> <input type="checkbox"/> CPA Determined Blood work skip <input type="checkbox"/> Delayed Blood Work	
		<input type="checkbox"/> Medical Condition Prevents Safe Collection <input type="checkbox"/> Religious Belief	
<b><u>Health Information</u></b>			
<b>How do you feel the baby is growing?</b> _____			
<b>Does the baby take any medicine?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>What kind?</b> _____	
<b>Do you give the baby vitamins/minerals?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>What kind?</b> _____	
<b>If yes, excessive?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Do you give the baby herbal products?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>What kind?</b> _____	
<b>In the last 24 hours, # wet diapers:</b> _____		Not applicable - Hospital Cert only <input type="checkbox"/>	
<b>In the last 24 hours, # dirty diapers:</b> _____		Not applicalbe - Hospital Cert only <input type="checkbox"/>	
<b>Has the baby been experiencing:</b> Constipation / Diarrhea / Vomiting or Upset Stomach / Nausea Difficulty Chewing or Swallowing			
<b>Does anyone smoke inside the home?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
<b><u>Nutrition Information</u></b>			
<b>How do you feel your baby is eating?</b> _____			
<b>Has your doctor given you special feeding instructions?</b> _____			
<b>Current formula:</b> _____			
<b>Tell me how you are preparing the formula. How much - how often?</b> _____			
<b>Document Inappropriate Feeding Practices:</b> _____			
<b><u>Nutrition Risk (* = High Risk)</u></b>			
<b>Medical Conditions</b>			
<input type="checkbox"/> *134 Failure to Thrive	<input type="checkbox"/> 346 Renal Disease	<input type="checkbox"/> 354 Celiac Disease	<input type="checkbox"/> 360 Other Medical Conditions
<input type="checkbox"/> 151 Small for Gest. Age	<input type="checkbox"/> *347 Cancer	<input type="checkbox"/> 355 Lactose Intol.	<input type="checkbox"/> 362 Dvlpmntl, Sens.or Motor Delays
<input type="checkbox"/> 341 Nutrient Deficiency Diseases	<input type="checkbox"/> 348 Central Nervous System Disorders	<input type="checkbox"/> 356 Hypoglycemia	<input type="checkbox"/> 381 Oral Health Conditions
<input type="checkbox"/> 342 Gastro-Intestinal Disorders	<input type="checkbox"/> 349 Genetic and Congenital Disorders	<input type="checkbox"/> 357 Drug Nutrient Interactions	
<input type="checkbox"/> 343 Diabetes Mellitus	<input type="checkbox"/> 351 Inborn Errors of Metabolism	<input type="checkbox"/> 358 Eating Disorders	<input type="checkbox"/> 382 Fetal Alcohol Syndrome
<input type="checkbox"/> 344 Thyroid Disorders	<input type="checkbox"/> 352 Infectious Diseases	<input type="checkbox"/> 359 Recent Major Surgery, Trauma, Burns	
<input type="checkbox"/> 345 HTN or PreHTN	<input type="checkbox"/> 353 Food Allergies		

### Nutrition and Other Risk Factors

- |  |   |
|--|---|
| <input type="checkbox"/> 411.01 Routinely using a sub for human milk or formula  | <input type="checkbox"/> 702 BF Infant of Woman at Nutritional Risk                 |
| <input type="checkbox"/> 411.02 Routinely using nursing bottles or cups improperly   |   |
| <input type="checkbox"/> 411.03 Routinely offering complimentary foods or sub. that are inappropriate in type or timing                    |   |
| <input type="checkbox"/> 411.04 Routinely using feeding practices that disregard the developmental needs or stage of the infant            |   |
| <input type="checkbox"/> 411.05 Feeding foods that could be contaminated   | <input type="checkbox"/> *703 Infant born of Woman w/ Mental Retardation            |
| <input type="checkbox"/> 411.06 Routinely feeding inappropriately diluted formula  | <input type="checkbox"/> 901 Recipient of Abuse                                     |
| <input type="checkbox"/> 411.07 Routinely limiting frequency of nursing of the EBF infant when human milk is the sole source of nutrients  |   |
| <input type="checkbox"/> 411.08 Routinely feeding a diet very low in calories and/or essential nutrients                                   |   |
| <input type="checkbox"/> 411.09 Routinely using inappropriate sanitation in prep, handling, and storage of expressed human milk or formula |   |
| <input type="checkbox"/> 411.10 Feeding dietary supplements w/ potentially harmful   | <input type="checkbox"/> *902 Woman or Infant/Child of Primary Caregiver w/ Limited |
| <input type="checkbox"/> 411.11 Routinely not providing dietary supplements recognized as essential  | <input type="checkbox"/> 903 Foster Care  |
| <input type="checkbox"/> 428 Dietary Risk Associated with Complementary Feeding Practices (4-12mo)   | <input type="checkbox"/> 904 Env. Tob. Smoke Exposure                               |
| <input type="checkbox"/> 603 BF complications or Potential Complications   |   |
| <input type="checkbox"/> 701 Infants up to 6 mos old of WIC Mother or of a Woman Who Would have been Elig. During Preg                     |   |

### Nutrition Education

**Method:** ☐ Ind - Cert ☐ HH - Cert ☐ Ind - F/U ☐ HH - F/U ☐ Internet - F/U ☐ Group - F/U

### Topic

### Referrals

### Breastfeeding Amount Guide

**Mostly Breastfeeding:** 0-1 month: 0-1 can powder OR 1-5 cans concentrate OR 1-4 packs RTU  
1-3 months: up to 4 cans powder OR up to 16 cans concentrate OR up to 12 packs RTU  
4-5 months: up to 5 cans powder OR up to 19 cans concentrate OR up to 14 packs RTU  
6-11 months: up to 4 cans powder OR up to 13 cans concentrate OR up to 10 packs RTU

**Some Breastfeeding:** 0-1 month: 2-9 cans powder OR 6-34 cans concentrate OR 5-25 packs RTU  
1-3 months: 5-9 cans powder OR 17-34 cans concentrate OR 13-25 packs RTU  
4-5 months: 6-10 cans powder OR 20-37 cans concentrate OR 15-27 packs RTU  
6-11 months: 5-7 cans powder OR 14-26 cans concentrate OR 11-19 packs RTU

### Food Package

- ☐ Infant Cereal ☐ CVB (9-11 mos)  
☐ Baby Fruit/Veg  
☐ Baby Meats

### Type of Formula/Medical Food:

### Amount per day:

### Notes

- ☐ NE Counseling Note ☐ Ind Care Plan/Follow Up ☐ BF Note

### General Note:

**Benefit Issuance:** ☐ Monthly ☐ Bi-Monthly ☐ Tri-Monthly

**Schedule Appointment:**