

Breastfeeding/Bottle-feeding Assessment Referral Form

(also to be used for NICU Referrals of Infants > 60 days of age)

Date: _____ To: _____

Mother's name:	Infant's name:
Date of birth:	Date of birth:
ULI # / PHN #:	ULI # / PHN #:
Email Address: Preferred phone #:	Family physician: Fax#: Phone #:

Referring Physician/NP/Midwife/Public Health Nurse

Name:	Phone:	
Practice ID:	Fax:	
Signature:	Site:	
<input type="radio"/> Emergent Referral (< 24 hrs) <small>Please call for emergent spots</small>	<input type="radio"/> Urgent Referral (24 hrs - 72 hrs)	<input type="radio"/> Semi-Urgent (3-7 days)

Check all that apply:

<input type="checkbox"/> Assess/treat for potential tongue tie <input type="checkbox"/> Post frenotomy follow up <input type="checkbox"/> Orofacial abnormalities <input type="checkbox"/> Unable to sustain latch/latching difficulties <input type="checkbox"/> Antenatal assessment	<input type="checkbox"/> Nipple pain/damage <input type="checkbox"/> Nipple yeast or oral thrush <input type="checkbox"/> Engorgement <input type="checkbox"/> Overactive milk supply <input type="checkbox"/> Low milk supply <input type="checkbox"/> Mastitis	<input type="checkbox"/> >10% weight loss <input type="checkbox"/> Poor weight gain <input type="checkbox"/> Bottle feeding skills <input type="checkbox"/> Re-evaluation of feeding plan <input type="checkbox"/> General breastfeeding advice <input type="checkbox"/> Other:
Pertinent history and strategies to date:		
Was vitamin K administered to the infant? Yes/No		
Birthweight (Kg):	most recent weight (Kg):	
Current medications and medication allergies:		

*** Please read the back of this form for more information about clinic-specific instructions to follow when referring*

For medical clinic only

Confirm booked appointment: Date: _____ Time: _____

Updated March 2024

Breastfeeding/Bottle-feeding Assessment Referral Form

North East:

Well Fed Breastfeeding Clinic (Mosaic PCN)

M009 2675 36 St NE
F: 587-387-2918
P: 403-513-7415
M-F 9am-4pm

North West:

Riley Park Maternity Clinic (CFPCN)

#130, 1402 8 Ave NW
F: 403-284-7977
P: if emergent <24 hrs, please phone 403-284-3711 ext. 6
M-F 8:30am – 4 pm

SouthEast:

Circle Medical Breastfeeding Clinic (SCPCN)

#123, 15566 McIvor Blvd SE 229
F: 403-726-0579
P: 403-726-0524
M-Th 8am – 9pm
Fri 8am – 5pm

South West:

Westglen Medical Centre (CWPCN)

Near Westside Recreation Center
#108, 30 Springborough Blvd. SW
F: 403-240-4670
P: 403-240-2258
M-F 8am-5pm
Th 8am-8pm
Sat 9am-3pm

Airdrie:

NEST Maternity and Lactation

1st St SW, Airdrie, AB
F: 403-960-0449
P: 403-960-0446

Cochrane:

Shifra Centre for Wellness

304 1st street East, Cochrane
F: 403-840-0146
P: 403 932-3176

***Please note: All breastfeeding clinics accept all patients, regardless of geographical location.
All clinics offer virtual care as required.***

Updated March 2024