

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:	Family physician:
Preferred phone #:	Fax#:
	Phone #:

Referring Physician/NP/Midwife/Public Health Nurse

Name:	Phone:	
Practice ID:	Fax:	
Signature:	Site:	
<input type="radio"/> Emergent Referral (< 24 hrs) Please call for emergent spots	<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: _____

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:**Well Fed Clinic West (CFPCN)**

#130, 1402 8 Ave NW

F: 1-888-676-4641

P: 403-303-3727

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 (CWCPCN)**

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.***