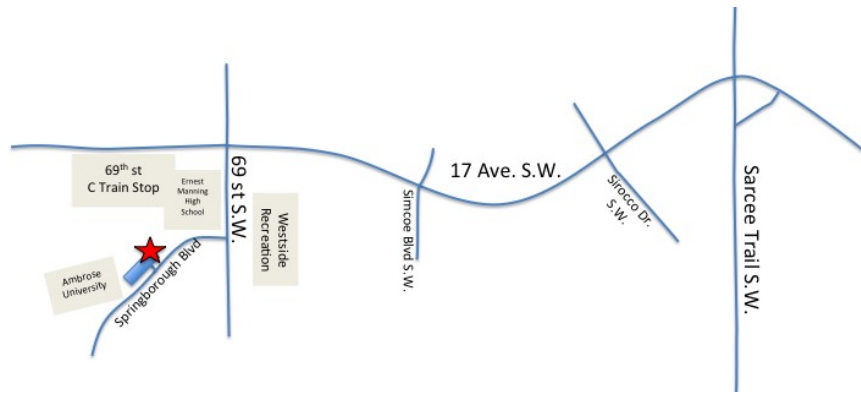


108-30 Springborough Blvd. SW
 Calgary AB, T3H 0N9
 Tel. (403) 240-2221
 Fax: (403) 240 4670



Full-service physician-based lactation clinic in SW Calgary

Antepartum and Post-partum Breast feeding Consult Referral

Mother's information:

Name:
 PHN:
 DOB:
 Mailing address:
 Telephone number:

Baby's information:

Name:
 PHN:
 DOB:
 SEX:

 Birth weight:
 Current weight:
 Gestation at birth:
 Method of delivery:
 Complications post birth (NICU etc):

G ___ T ___ P ___ A ___ L ___
 Prenatal History:

Medications:

Current Health:

Reason for referral:

PLEASE CHECK ALL THAT APPLY

ANTEPARTUM CONCERNS

- Inverted/ flat nipples
- Breast augmentation
- Previous breast reduction
- Gestational Diabetes
- Lactation issues with previous children
- OTHER:

POST-PARTUM CONCERNS

- Nipple and breast pain
- Candidiasis
- Vasospasm
- Poor latch
- Low milk supply
- Over supply
- Breast Abscess
- OTHER:

BABY CONCERNS

- Poor latch
- Tongue tie
- Lip tie
- Uncoordinated suck
- Cleft palate
- Twins
- OTHER:

Please complete form and fax to: (403) 240 4670
 If this is an **URGENT** referral fax form and call (403) 240 2258

Referring MD/ NP/ RN:

Name: _____
 Signature: _____
 Prac ID: _____
 Date: _____

Phone: _____
 Fax: _____
 Clinic address: _____