

Date: _____ To: _____

Urgency of Referral		
<input type="radio"/> Urgent (within 24 hours)	<input type="radio"/> Semi-urgent (within 2 – 7 days)	<input type="radio"/> Non-urgent (1 – 2 weeks)

Infant's name:	Mother's name:
Date of birth:	Date of birth:
ULI # / PHN #:	ULI # / PHN #:
Post-frenotomy PHN/LC appointment:	Preferred phone #:
	Family physician:

Referring Physician/NP/Midwife/Public Health Nurse	
Name:	Phone:
Practice ID:	Fax:
Signature:	

Type of Appointment		
<input type="radio"/> Short consult only		<input type="radio"/> Full consult only
<input type="radio"/> Both short and full consult (PCN clinic to book full consult in addition to short consult)		
<input type="radio"/> Anterior tongue tie only	<input type="radio"/> Latching Difficulties	<input type="radio"/> Engorgement
<input type="radio"/> Prescription only for:	<input type="radio"/> Nipple pain	<input type="radio"/> Mastitis
<input type="radio"/> Nipple yeast or oral thrush in baby	<input type="radio"/> Nipple yeast or oral thrush in baby	<input type="radio"/> Overactive milk supply
<input type="radio"/> Nipple ointment	<input type="radio"/> Anterior tongue tie	<input type="radio"/> General breastfeeding advice
<input type="radio"/> Mastitis	<input type="radio"/> Posterior tongue tie	<input type="radio"/> Other
<input type="radio"/> Low milk supply	<input type="radio"/> Low milk supply	

Strategies to date:
Patient's medical history (include baby's birth weight and most recent weight):
Current medication and medication allergies:

Circle Medical Breastfeeding Clinic only
Please state which referral path you would prefer:
<input type="radio"/> Assessment and treatment by a registered nurse lactation consultant and/or involvement with a physician trained in breastfeeding medicine if necessary (usual referral pathway)
<input type="radio"/> Direct consult with a physician. Please explain:
Lakeview Clinic only (available Monday, Wednesday and Friday mornings)
<input type="radio"/> Ask patients to call 403.246.7076, listen for details and leave a message. Ask all patients to go to clinic website at nursingbabywell.com to review all information. Patients must print, complete and bring the forms to appointment. If this is not possible, patients must arrive 15 minutes before appointment time.
NE quadrant (Mosaic PCN)
<input type="radio"/> Please book a full consult or complicated short consult appointment directly with the Alex Clinic (fax to 403.266.2692).

For medical clinic only
Confirm booked appointment: Date: _____ Time: _____