

Date: \_\_\_\_\_ To: \_\_\_\_\_

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

**Referring Physician/NP/Midwife/Public Health Nurse**

Name:	Phone:
Practice ID:	Fax:
Signature:	Site:

<input type="radio"/> <b>Emergent Referral (&lt; 24 hrs)</b> Please call for emergent spots	<input type="radio"/> <b>Urgent Referral (24 hrs - 72 hrs)</b>	<input type="radio"/> <b>Semi-Urgent (3-7 days)</b>
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**Check all that apply:**

<input type="radio"/> Assess and treat for potential tongue tie <ul style="list-style-type: none"> <li><input type="radio"/> Anterior</li> <li><input type="radio"/> Posterior</li> <li><input type="radio"/> Lip tie</li> </ul> <input type="radio"/> Unable to sustain latch/latching difficulties <input type="radio"/> Poor weight gain <input type="radio"/> Orofacial abnormalities <input type="radio"/> Mastitis <input type="radio"/> >10% weight loss	<input type="radio"/> Nipple pain/damage <input type="radio"/> Nipple yeast or oral thrush present <input type="radio"/> Overactive milk supply <input type="radio"/> Low milk supply <input type="radio"/> Engorgement <input type="radio"/> General breastfeeding advice <input type="radio"/> Post frenotomy follow-up <input type="radio"/> Extreme pain with tongue tie <input type="radio"/> Other:
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Strategies to date:

Patients' medical history (include most recent weight):

Current medication 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: \_\_\_\_\_

*Some clinics have specific instructions to consider when referring:*

**Circle Medical Breastfeeding Clinic (SCPCN)**

#123, 15566 Mclvor Blvd SE  
F: 403-726-0579  
P: 403-726-0524

**Well Fed Breastfeeding Clinic (Mosaic PCN)**

formerly The Alex  
M009 2675 36 St NE  
F: 587-387-2918  
P: 403-513-7415

**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  
Open occasional Saturdays – must book M-F

**Westglen Medical Centre (CWPCN)**

Near Westside Recreation Center  
#108, 30 Springborough Blvd. SW  
F: 403-240-4670  
P: 403-240-2221

If emergent <24 hrs please phone (403) 240-2258  
\*Monday-Saturday

***Please note: All breastfeeding clinics accept all patients, regardless of a patient's geographical location.***