Breastfeeding Medicine Referral Form – Dr. Emma Noble

Suite 107 – 1120 Yates St.
Victoria B.C. V8V 3M9

FAX: 250-483-3826
Tel: 250-590-7605
MSP # : 67790

Date of Referral:

Referring Practitioner: _____

MSP Billing #: _____

Address: _____

Phone: _____

Fax: _____

Please see this dyad for Breastfeeding Medicine assessment:

Mother/Parent's Name: _____ **Baby's Name**: _____

Date of Birth: _____ Baby's DOB: _____

PHN: _____ Baby's PHN: _____

Address: _____ Baby's BW(g): _____

Phone: _____ Baby's most recent weight (g): _____

Reason for referral (check all the apply):

*Prenatal consultations available for history of low milk supply, breast surgery, PCOS, diabetes, etc.

- ☐ Difficulty latching
- ☐ Nipple pain
- ☐ Plugged ducts or mastitis
- ☐ Slow weight gain
- ☐ Low milk supply
- ☐ Tongue tie
- ☐ Hyperlactation
- ☐ Forceful letdown
- ☐ Twins/Multiples
- ☐ Inducing lactation
- ☐ Prenatal: _____
- ☐ Other: _____

The following sections are optional, referrals will still be accepted without this information.

Breastfeeding History: _____

_____

Medical History: _____

Current Medications: _____

***** Please fax the completed form to **250-483-3826**

* Patients will be contacted directly to schedule an appointment