



Breastfeeding & Lactation Medicine Consult Form

Village Lactation is a physician specialist office for complex feeding & lactation concerns.

Referrals are triaged based on medical complexity & urgency using the information provided in your request. Referrals are processed within 2-4 business days. Initial consults are scheduled within **1-8 weeks**. If wait times exceed 3 weeks, our staff Lactation Consultant (non-MD) may offer guidance to the family while they wait.

*Please ensure the parent and infant(s) have adequate care while awaiting consultation.
If you feel that urgent access is required, a **phone call** request to our office is advised.*

Requirements for referral. Incomplete requests will be returned & will delay access to care.

- ☐ 1 - This completed form OR a referral request letter that includes all the information on this form.
- ☐ 2 - Include **parent AND infant info in section 1**, even if your office is only providing care for one of them.
The **ONLY** exception is if this is for an antenatal or lactation induction request.
- ☐ 3 - Attach available records.
Eg. prenatal record, delivery and/or discharge summary, PNOB, vitals record/growth chart.

While waiting, please see useful patient care handouts on www.villagelactationab.ca/patient-resources & medical resources to help with provision of care: <https://www.villagelactationab.ca/provider-resources>

Section 1 - Demographics

Lactating Parent(s) Information

Name:

DOB:

AHC#:

Phone:

Email:

Infant(s) Information

Name:

DOB:

AHC#:

Section 2 - Referring Provider Information

Profession: ☐ MD ☐ Midwife ☐ NP ☐ Chiropractor ☐ Dentist ☐ Physiotherapist

Full Name:

Clinic Fax:

Practice ID (Required):

Clinic Phone:

Date of referral:

Signature:

(or signature of allied healthcare providers on behalf of above, thereby certifying verbal approval)

- ☐ Select this box **ONLY** if above referring provider requests **NOT** to receive copy of our consult report

Section 3.1- Referral Reason - For Postpartum Consultation

Complete section 3.1 OR section 3.2 (not both)

Postpartum Consult (parent & infant) (select all that apply):

- ☐ Breastfeeding after breast surgery
- ☐ Recurrent mastitis
- ☐ Compressed/plugged ducts
- ☐ Breast pain
- ☐ Low milk supply
- ☐ Hyperlactation/excess milk supply
- ☐ Nipple trauma/damage
- ☐ Nipple pain
- ☐ Slow infant weight gain **Fill section 4**
- ☐ Ankyloglossia/'tongue tie'
- ☐ Vit K Received? ☐ IM ☐ PO
- ☐ Declined ☐ Unknown
- ☐ Breast refusal
- ☐ Significant Infant reflux
- ☐ Other (please specify)



Section 3.2- Referral Reason -Antenatal Consultation or Lactation Induction

Complete section 3.1 OR section 3.2 (not both)

- ☐ Prenatal record attached
- ☐ Estimated Due Date:

Referral reason

- ☐ Gestational diabetes or other complex endocrine disorders
 - ☐ Details:
- ☐ Breast hypoplasia/suspected insufficient glandular tissue
- ☐ History of low milk supply
- ☐ History of breast surgery
 - ☐ Breast reduction
 - ☐ Breast augmentation
 - ☐ Other (please specify)
- ☐ Lactation induction for non-pregnant parent (ideally referred 6-8 months prior to infant's arrival)
- ☐ Anticipated infant complex medical needs (eg. congenital cardiac conditions, palate difference, etc)
 - ☐ Details:
- ☐ Multiples (twins, triplets, etc) - expected gestational age for delivery
- ☐ Other (please specify)

Postpartum follow-up will be offered to antenatal consultations at the discretion of the attending physician and are not guaranteed.

Section 4- Status at Time of Referral

Current Feeding (select all that apply): ☐ Feeding directly at breast ☐ Bottle feeding
Using: ☐ Parent's expressed milk ☐ Formula ☐ Donor human milk ☐ Other

Infant weights (**in kg**) and dates of measurements or attach comprehensive growth curve.

Date					
Weight (kg)					

Parent & Infant Medical History: in addition to above. eg- Medical hx; Pregnancy/birth; Meds/herbs/
Infant frenotomy.

Strategies tried to date: Eg- lactation consultant, support for milk production such as pump fitting, medications, herbs, or other feeding tools