



## 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](http://www.villagelactationab.ca/patient-resources) & medical resources to help with provision of care: <https://www.villagelactationab.ca/provider-resources>*

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### **Section 1 - Demographics**

#### Lactating Parent(s) Information

Name:  
DOB:  
AHC#:  
Phone:  
Email:

#### Infant(s) Information

Name:  
DOB:  
AHC#:

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### **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

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### **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):

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



## 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.*

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## 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