

Complex Breastfeeding and Assessment Clinic

Date of Referral:- _____

Paediatrics Outpatient Department

Hammersmith Hospital

Du Cane Rd

W12 0HS

Please fax to Queen Charlotte's
Community Midwives' Office:
0208 383 5170

Baby's name:- _____ Baby's DOB:- _____

Baby's NHS number:- _____ Baby's ethnicity:- _____

Mother's name:- _____

Mother's address:- _____

Mother's tel. no.:- _____

GP's name:- _____

GP's address:- _____

Baby's hospital of birth:- _____

Current feeding method:- _____

Indication:- _____

Current feeding issues:- _____

Name, designation and contact details of referrer:- _____

NB Please ensure that parents, where possible, have been given a copy of the 'Complex Breastfeeding and Tongue-tie Assessment Clinic' information leaflet and that they bring the Personal Child Health Record, (Red Book) if they have it.

Any enquires please contact Juliet Albert, Specialist Midwife: 07730970738