

## Tongue Tie Assessment and Referral Form

<b>Mothers Name</b> DOB NHS No Address Phone No Email address G.P & address Midwife/H.V Parity Previous breastfeeding history Medical/Surgical History Medications	<b>Baby's name</b> DOB NHS No. Type of delivery Gestation at delivery Apgar score? Any resuscitation? Any postnatal observations or treatment? Any concerns at NIPE check? Vitamin K    yes    no If oral Vitamin K has baby received follow up doses?
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Please complete the breastfeeding assessment tool in the child health record book.

Maternal Assessment- tick as appropriate	Infant Assessment- tick as appropriate
Sore/cracked nipples	Weight loss/gain problems
Engorgement/Blocked ducts/mastitis	Fusses/slips off the breast
Low milk supply	Continued frequent feeds
	Unsettled following a feed
	Sleepy
	Slow to feed
	Jaundiced
	Any illnesses
	Excessively windy
	Dribbles out large amounts of milk
<b>Method of feeding:</b>	Breast    Formula    Mixed

**Referred by.....**  
 Please Fax this form to - Community Co-ordinator NFBC - 02380747696 or  
 (for older babies) Mr. Hall's Secretary - 02381204750



