Referral for Division of Tongue Tie

Tameside Hospital NHS
NHS Foundation Trust

Addressograph – Mother
Name
Address
Contact No

Addressograph – Baby
Name
DOB
NHS No

Name of referrer_____

Designation _____

Telephone No _____

Date of referral _____

Place of birth _____

Addressograph – GP
Name
Address
Contact No

Breast feeding Problems Identified (tick appropriate box)

☐ Sore/damaged nipples that do not respond to good positioning and attachment	☐ Psychological effects from failure to establish breastfeeding
☐ Nipple pain while feeding	☐ Difficulty latching or maintaining latch
☐ Mastitis/ breast infections from poor breast drainage	☐ Frequent and prolonged feedings
☐ Poor milk supply	☐ Prolonged physiological jaundice
☐ Frequent feeds	☐ Excessive, early weight loss
	☐ Slow to gain weight

Bottle feeding Problems Identified (tick appropriate box)

☐ Poor bottle feeder, taking a long time to feed	☐ Has difficulty taking the teat into mouth
☐ Spills milk	☐ Slow to gain weight

Prior advice/care given before referral

_____

_____

Observation of feed ☐ Yes ☐ No
Comments_____

_____

Any known medical conditions (baby) ☐ No ☐ Yes (please state)

_____

_____

Any medication being taken by baby ☐ No ☐ Yes(please state)

_____

Any known medical conditions (mother) ☐ No ☐ Yes (please state)

_____

_____

Forward referral to:
Lyndsey Lythe
Infant feeding coordinator
Ward 27
Tameside NHS Foundation Trust
Fountain Street
Ashton-u-Lyne
Lancashire
OL6 9RW
Tel 0161 922 4002/07827311576
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Everyone Matters
at Tameside Hospital