

Tongue Tie Assessment & Referral Form for babies less than 28 days

Date of referral	Referrer's work address & contact number
Referrer's name & job title	Baby's name
Mothers Name	DOB
DOB	NHS No.
Address	Type of delivery
Phone No	Gestation at delivery (to be over 37 weeks at time of referral)
Email address	Apgar's
G.P & address	Any resuscitation?
Midwife/H.V	Any postnatal observations or treatment?
Parity	Any concerns at NIPE check and/or follow up appointments?
Previous breastfeeding history	Is the baby well?
Medical/Surgical History	Vitamin K yes no
Medications	If oral Vitamin K has baby received follow up doses?
History of viral blood infections?	Any excessive bleeding following newborn blood spot test?
Any family history of bleeding disorders?	

Method of feeding:

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

A COMPLETE feed must be observed whether breast or bottle feeding. If breastfeeding also complete the breastfeeding assessment tool in the maternity notes or child health record book. Please summarise below the feeding problem. Send this form to hayley.nelson@nhs.net