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Description automatically generated

**Barnet 0-19 service: Breastfeeding support**

**Referral form**

|  |  |
| --- | --- |
| **Referrer’s name** | Click or tap here to enter text. |
| **Designation/ title** | Click or tap here to enter text. |
| **Telephone number** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother’s details** | | **Baby’s details** | |
| **Name** | Click or tap here to enter text. | **Name** | Click or tap here to enter text. |
| **Phone number** | Click or tap here to enter text. | **Date of birth** | Click or tap here to enter text. |
| **NHS number** | Click or tap here to enter text. | **NHS number** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |  |  |

**Feeding issues (please tick all that apply)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Position and attachment |  | Expressing |  | Milk supply |  | Combined feeding |  |
| Mastitis |  | Social |  | Painful nipples |  | Weight gain |  |
| Tongue tie |  | Thrush |  | Engorgement |  | Other (please specify below) |  |

|  |
| --- |
| Please give a brief history |

Please send completed form to [hcp.4barnet@nhs.net](mailto:hcp.4barnet@nhs.net)