Well Fed Clinic - East
M009 2675 36 St NE
Calgary AB T1Y 6H6
P: 403-513-7415 F: 587-387-2918

Well Fed
supporting you and your baby

Well Fed Clinic - West
#130, 1402 8 Ave NW
Calgary, AB T2N 1B9
P: 403-303-3727 F: 1-888-676-4641
** Temporary location and fax# until Spring 2025**

Breastfeeding and Infant Feeding Assessment Referral Form

Please fax to the patients preferred location

Date: ______________________

Urgency of Referral:	◯ Urgent (within 24 hours)	◯ Semi-Urgent (within 2-7 days)

Affix Infant Information label here	**Affix Mother Information label here**

Preferred Phone #:	Family Physician:

Referring Physician/NP/Midwife:

Name:	Phone:
Practice ID:	Fax:
Signature:	Site:

Issues to be addressed (Check all that apply):

◯ **Antenatal**	◯ **Latching Difficulty**
◯ **Tongue-Tie/Lip-Tie**	◯ **Nipple Pain**
◯ **Weight Gain**	◯ **Engorgement/Blocked Ducts**
◯ **Low Milk Supply**	◯ **Other** ______________________

Patient's medical history (include baby's birth weight and most recent weight):

Current medication and medication allergies:

Our office will contact the patient directly to book an appointment

For medical clinic only	
Confirmed booked appointment Date: ______________________	Time: ______________