

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



Well Fed Clinic - West
#308, 4935 40th Ave NW
Calgary, AB T3A 2N1
P: 403-303-3727 F: 1-888-676-4641
New location as of June 9th, 2025

Breastfeeding and Infant Feeding Assessment Referral Form

Please fax to the patient's 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: _____