

Well Fed Clinic - East
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Calgary, AB, T1Y6H6
P: 403-513-7415
F: 587-387-2918



Well Fed Clinic - West
#308, 4935 40th Ave, Calgary,
AB, T3A 2N1
P: 403-303-3727
F: 888-676-4641

Breastfeeding and Infant Feeding Assessment Referral Form

Please fax to the patient's preferred location

Date: _____

Urgency of Referral:	☐ Emergent	☐ Urgent	☐ Semi Urgent
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Affix Mother Information Label Here

Affix Infant Information Label Here

Language Line Needed? YES / NO	Language:
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Preferred Phone #:	Family Physician:
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Primary phone belongs to: ☐ Self ☐ Spouse/Partner ☐ Parent ☐ Sibling ☐ Cousin ☐ Other: _____
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Referring Physician/NP/Midwife:

Name:	Phone:
Prac ID:	Fax:
Signature:	Site:

Issues to be addressed (Check all that apply):

☐ Antenatal - EDD:	☐ Weight Gain	☐ Engorgement/ Blocked Ducts
☐ Tongue Tie	☐ Low Milk Supply	☐ Latching Difficulty
☐ Lip Tie	☐ Nipple Pain	☐ Other: _____

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

Current Medication and medication allergies:
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Our office will contact the patient directly to book an appointment