

Client's Name: _____ Provincial Health Number: _____ Date of Birth: _____	Parent: (if applicable) _____ Address: _____ Telephone: _____ Email: _____
Language Spoken: _____	Fluent in English: Yes No
Family Doctor/Primary Care Provider: _____	
Client aware of referral: Yes No <i>*Client will not be contacted if client unaware of referral</i>	

Reason for Referral		
Referral for: <input type="checkbox"/> Prenatal <input type="checkbox"/> Postpartum	Expected date of birth OR Actual date of baby's birth: <div style="text-align: center;"> ____/____/____ yyyy/mm/dd </div>	Grav ____ Para ____ Baby's Birth Wt: _____ Baby's Current Wt: _____
Services Requested :		
<input type="checkbox"/> Public Health Nursing	<input type="checkbox"/> Prenatal Education (group classes, on-line self-directed learning, or individual teaching) <input type="checkbox"/> Breastfeeding Education <input type="checkbox"/> New Beginnings Program (0-8 week maternal/newborn support)	<input type="checkbox"/> Best Start Program screening <input type="checkbox"/> Well Baby Assessment (offered in conjunction with PEI Childhood Immunization Program) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Lactation Consultant Services	<input type="checkbox"/> Nipple/breast discomfort <input type="checkbox"/> Insufficient milk supply <input type="checkbox"/> Not yet latching/difficulty latching <input type="checkbox"/> Baby fussy/crying at breast <input type="checkbox"/> Tongue/lip tie <input type="checkbox"/> Slow weight gain	<input type="checkbox"/> History of breast surgery <input type="checkbox"/> Thrush <input type="checkbox"/> Twins/multiples <input type="checkbox"/> Congenital abnormalities <input type="checkbox"/> Other: _____
Additional Relevant Information/Comments:		
Other Services Involved:		

REFERRED BY: _____ **Date:** _____
Signature/Title: _____ **Phone:** _____ **Fax/Email:** _____

PUBLIC HEALTH NURSING

Souris	Souris Hospital	(T) 902 687-7049	(F) 833-940-2890
Montague	126 Douses Road	(T) 902 838-0762	(F) 833-940-2891
Charlottetown	Sherwood Business Centre	(T) 902 368-4530	(F) 833-940-2246
Summerside	205 Linden Avenue	(T) 902 888-8160	(F) 902-888-8153 <i>(effective June 11, 2026 changing to 833-696-0792)</i>
O'Leary	Community Hospital	(T) 902 859-8720	(F) 902-859-0399 <i>(effective June 24, 2026 changing to 833-696-0805)</i>

LACTATION CONSULTANT SERVICES

Charlottetown	Sherwood Business Centre	(T) 902 368-4530	(F) 833-940-2246
Summerside	205 Linden Avenue	(T) 902 888-8160	(F) 902-888-8153 <i>(effective June 11, 2026 changing to 833-696-0792)</i>