

Public Health Nursing – Lactation Consultant Services – Community Nutrition Program

Client's Name:		Provincial Health Number:	
Address:			
Date of Birth:		Age:	
Telephone:	Alternate#:	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: ___/___/___ yyyy/mm/dd	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: _____
<input type="checkbox"/> Community Nutrition Program	<input type="checkbox"/> Age < 19 years <input type="checkbox"/> Hgb < 100g/L <input type="checkbox"/> Inadequate weight gain <input type="checkbox"/> Excessive weight gain <input type="checkbox"/> Special diet/allergy	<input type="checkbox"/> Pre-pregnancy BMI __Low __High <input type="checkbox"/> Small for dates baby <input type="checkbox"/> Previous baby <2500g <input type="checkbox"/> Eating disorder/disordered eating <input type="checkbox"/> Food insecurity

Additional Relevant Information/Comments:

Other Services Involved:

REFERRED BY (print): _____ Date: _____

Signature/Title: _____ Phone: _____ Fax/Email: _____

PUBLIC HEALTH NURSING

Souris	Souris Hospital	(T) 902 687-7049	(F) 902 687-7048
Montague	126 Douses Road	(T) 902 838-0762	(F) 902 838-0803
Charlottetown	Sherwood Business Centre	(T) 902 368-4530	(F) 902 368-4497
Summerside	205 Linden Avenue	(T) 902 888-8160	(F) 902 888-8153
O'Leary	Community Hospital	(T) 902 859-8720	(F) 902 859-0399

LACTATION CONSULTANT SERVICES

Charlottetown	Sherwood Business Centre	(T) 902 368-4530	(F) 902 368-4497
Summerside	205 Linden Avenue	(T) 902 888-8160	(F) 902 888-8153

COMMUNITY NUTRITION PROGRAM

Souris	Souris Hospital	(T) 902 687-7051	(F) 902 687-7048
Montague	126 Douses Road	(T) 902 838-0719	(F) 902 838-0803
Charlottetown	Sherwood Business Centre	(T) 902 620-3916	(F) 902 620-3917
Summerside	205 Linden Avenue	(T) 902 888-8156	(F) 902 888-8153
O'Leary	Community Hospital	(T) 902 859-8723	(F) 902 859-0399

Toll Free: 1-877-887-0320