Form 1

**REFERRAL FOR TONGUE TIE ASSESSMENT CLINIC**

**Please complete All the details Incomplete referrals will delay appointments**

|  |  |
| --- | --- |
| Baby full name: NHS number: Date of birth: Address: Postcode:Gender: Ethnicity: | Parents/Guardian full name:Telephone number:Email address: |
| Baby’s place of birth: i.e. name of hospital or county  | Gp name : |
| Name and Address of surgery :  |
| Baby’s original EDD | Baby’s Age at referral |
| **Reason for referral:*** Breast Feeding issue
 | * Bottle feeding issue
 |
| **Current issue with feeding** : (Provide brief explanation) |
| **DETAILS OF REFERRER: (Tick as appropriate)** |
| * Parent /self-referral
* Breastfeeding support worker/buddy
* Infant feeding specialist
* Community Midwife
* Hospital Midwife
 | * Health visitor
* General Practitioner
* Paediatrician
* Other (please state)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Referrer:** **Contact details :** |
| **Referral Date:** |

|  |  |
| --- | --- |
| **Checklist for those completing the referral forms**. | Yes, No  |
| Do any close family members have a heredity clotting disorders? |  |
| Is the Baby’s age no more than 16 weeks from its Expected Date of delivery  |  |
| Is this the referral is to address a current feeding problem. **Referrals for speech will not be accepted**.  |  |
| Be aware that a tongue tie practitioner will be in contact within a week of receiving the referral. |  |
| Please be aware that this referral will first involve a telephone consultation, following this an assessment for the tongue tie assessment /feeding clinic **MAY** be offered. |  |
| Ensure that the patient information leaflet “Tongue Tie” has been accessed on- line.<http://www.worcsacute.nhs.uk/services-a-z/maternity-services/after-your-baby-is-born-postnatal-care/> |  |
| Did the baby receive Vitamin K?  |  |
| Is the baby currently being treated for an infection (i.e. on antibiotics or treatment for thrush)? |  |
| Is the baby awaiting any hospital appointments or under care of GP or Paediatrician? |  |
| Are you receiving breastfeeding support from a health professional? |  |
|  Please Email this form to Wah-tr.Tongue-tie@nhs.net |  |
| Print Name  | Date/time |

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