Form 1

**REFERRAL FOR TONGUE TIE ASSESSMENT CLINIC**

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

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| --- | --- | --- | --- |
| 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](mailto:wah-tr.Tongue-Tie@nhs.net?subject=referral%20) |  |
| Print Name | Date/time |

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