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| iStock_000017700683SmallWithGrad | BREASTFEEDING CLINICS - Referral Proforma  | NHSGG&C*SPOT |
|  | **Referral Date:** |       | **Referral Received Date**: |      |  |
| **Mother’s** **DOB/ CHI:** |       | **Baby’s CHI:** |   |
| **Mother’s Name:** |       | **Baby’s Name:** |       |
| **Mother’s Address:**  |       |  |  |
|  | **Post Code:** |       | **Birth Weight** |       | **Gestation** |       |
| **Mother’s 🕿:** |       | **Hospital of delivery** |       | **Parity:** |       |
| **Interpreter Required :** |       | **GP Surgery Address:** |       |
| **Referred by:** |       |  |  |
| **Referrer’s Address:** |       |  |  |
| **Referrer’s 🕿:** |   | **GP 🕿:** |       |
| **Ethnicity code** |
| [ ]  1. White: Scottish | [ ]  8. Asian/Asian Scottish/British:  | [ ]  12. Caribbean or Black: Caribbean, |
| [ ]  2. White: other British |  Pakistani, Pakistani Scottish/British | Caribbean Scottish/British |
| [ ]  3. White: Irish | [ ]  9. Asian/Asian Scottish/British: | [ ]  13. Caribbean or Black: Black |
| [ ]  4. White: Gypsy/Traveller |  Bangladeshi, Bangladeshi  |  Black Scottish/British |
| [ ]  5. White: Polish |  Scottish/British | [ ]  14. Arab, Arab Scottish/British |
| [ ]  6. Mixed: any mixed or multiple ethnic background | [ ]  10. Asian/Asian Scottish/British  | [ ]  15. Other (please specify below): |
| [ ]  7. Asian/Asian Scottish/British: | [ ]  11. African: African, African |        **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  Indian, Indian Scottish/British |  Scottish/British |  |

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| **\*Breastfeeding Assessment completed:** | [ ]  Yes | **Date:** |       | **Date of review and issue not resolved:** |       |
| **Basic Breastfeeding skills taught:** | [ ]  Yes | **Date:** |       |
| **Criteria for referral:**  | [ ]  **Breastfeeding Problem Solving** | [ ]  **Frenotomy Clinic** |
| **Main Feeding Problem:**       |
| [ ]  Exclusively Breastfeeding | [ ]  Mixed Feeding | [ ]  Exclusively Expressing | [ ]  Artificial Formula |
| **What is the current feeding plan?*****(must be completed by referrer)*** |
|   |
| **For Office Use Only:** |
| **Triage by:** |       | **Date:** |       | **Date of discharge:** |       | **Discharge letter sent:** |       |
| **Outcome:** |       |
| **When completed please return as follows:** |
| **E-mail:**  | **Breastfeeding.Clinic@ggc.scot.nhs.uk** | **🕿:** | **0141 232 4006 (64006)** |

2016-04-13