|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | |  | | | | |

1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*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