

Referral for Lactation Visit with Felicia Henry, IBCLC, RLC

Mother's name: \_\_\_\_\_ DOB \_\_\_\_\_

Infant's name: \_\_\_\_\_ DOB \_\_\_\_\_

Mother

- Sore Nipples
- Engorgement
- Breast Infection (management care)
- Low Milk Supply
- Flat or Inverted Nipples
- Breast Pain
- Nipple Thrush
- Relactation
- Other: \_\_\_\_\_
- Prescription for Hospital Grade Breast Pump

Infant

- Breast Refusal
- Latch Difficulties
- Slow Weight Gain
- Mismanagement of Feedings
- Prematurity
- Thrush
- Colic
- Reflux
- Other: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's FAX number: \_\_\_\_\_

Physician's NPI: \_\_\_\_\_ and Provider #: \_\_\_\_\_

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