



MONARCH

MATERNAL AND NEWBORN HEALTH

Referral Form

Referring providers can fax the completed form to 613-226-7059.

PATIENT INFORMATION	
PARENT	INFANT
*Name:	*Name:
*OHIP #:	*OHIP #:
*DOB:	*DOB: *Gestational age:
*Phone #:	*Birth weight:
Alternate phone #:	*Most recent weight: Date:
*Address:	*Place of birth: TOH Civic <input type="checkbox"/> TOH General Other:
*Email:	*Bilirubin: @ Date: Time:

REFERRING PROVIDER	
*Name:	*Address:
*Clinic/group:	*Phone #:
*OHIP #:	*Fax #:

REASON FOR REFERRAL	
JAUNDICE ASSESSMENT	
Did the infant have phototherapy?	Yes No Hospital: Date started:
Risk Factors:	<input type="checkbox"/> DAT positive/antibodies Weight loss >10% Cephalohematoma/bruising <input type="checkbox"/> Sibling had phototherapy E Ethnicity: Other:
TONGUE-TIE ASSESSMENT	
Indication:	<input type="checkbox"/> Painful/difficult latch Nipple damage Weight loss or suboptimal weight gain <input type="checkbox"/> Other:
PHYSICIAN BREASTFEEDING/LACTATION CONSULT (COMPLETE PAGE 2)	
Note: Consults for breastfeeding/lactation medicine are for parent-baby dyads with complex medical challenges impacting feeding. For non-medically complex cases, please refer to community lactation consultants.	
OTHER/COMMENTS	

ADDITIONAL INFORMATION FOR BREASTFEEDING/LACTATION MEDICINE REFERRALS

Type of Consult

Postpartum **Prenatal** Estimated Due Date:

Current Feeding (select all that apply)

Breast **Pumped milk** **Formula** **Other:**

Indications for consult (select all that apply):

Pain with breastfeeding:

Breast/nipple infection Recurrent blocked ducts Vasospasm
Mastitis/Abscess Other:

Hyperlactation

Low milk production (not responding to increased breast stimulation/pumping 6+ times/day).
Note: ECG suggested if domperidone is being considered.

Suboptimal infant weight gain

Induced lactation

Medical condition or medication concern (provide details below)

Parent Baby

Other:

Please provide additional information on medical conditions/medications. Include relevant medical and pregnancy history, allergies, and medications.

Attach infant growth charts/weights, relevant breast imaging, or other investigations and notes.