Dr. Elli Reilander
naturopathic physician

Naturopathic Lactation/Postpartum Support Referral Form

Date: _____

Urgency of Referral		
○ Urgent (within 24 hours)	○ Semi-urgent (within 2-4 days)	○ Non-urgent (1-2 weeks)

Dyad Information

Infant's Name:	Lactating Parent's Name:
Date of Birth:	Date of Birth:
PHN #:	PHN #:
	Preferred Phone #:
	Family Physician:

Type of Appointment		
○ No consult *(referring practitioner has taken full responsibility of the recommendation made to the patient and is submitting a formulation to be filled – please attach herbal prescription)*	○ Short Consult (30 min) *(herbal prescription only or flange fitting, full assessment completed by referring practitioner)*	○ Full Consult (1 hr) *(full assessment required, lactation support, education, herbal or pharmaceutical prescription, acupuncture, etc)*

Reason for Referral (check all that apply):

- ○ Latching difficulties
- ○ Breast or nipple pain
- ○ Low milk supply
- ○ Insufficient glandular tissue
- ○ Engorgement or overactive milk supply
- ○ Mastitis/recurring clogged ducts
- ○ D-MER
- ○ Breast pump education/troubleshooting (including flange fitting)
- ○ Weaning/lactation suppression
- ○ General breast/chestfeeding education
- ○ Prenatal assessment
- ○ Other postpartum concerns (PPD/PPA, atrophic vaginitis, OCP, etc)
- ○ Other: _____

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Current medications & supplements:

Known Allergies (pharmaceutical, food, environmental):

Pertinent Medical History:

Referring Practitioner	
Name:	Phone:
	Fax:
Signature:	

Fax completed form to (236) 912-2023

Patient will be contacted directly and consultations will be arranged as appropriate

Services (excluding herbal and nutraceutical prescriptions) are often covered by extended medical plans