



Naturopathic Lactation/Postpartum Support Referral Form

Date: _____

Urgency of Referral		
<input type="radio"/> Urgent (within 24 hours)	<input type="radio"/> Semi-urgent (within 2-4 days)	<input type="radio"/> 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
<input type="radio"/> Full Consultation (1 hr)
<i>(full assessment required, lactation support, education, herbal or pharmaceutical prescription, acupuncture, etc)</i>

Reason for Referral (check all that apply):

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



Dr. Elli Reilander
naturopathic physician

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