Office Carmen Ward

4th Floor Lanesborough Wing

St Georges Hospital

Blackshaw Road

SW17 0QT

**Professional Contact Form**

Tongue Tie/Accessory Digit Referral

To: Ms Catherine Milroy

**Sharon, Secretary to Ms Milroy: Tel 0208 725 1134/0090.**

[**stgh-tr.plasmops.plasticsurgery@nhs.net**](mailto:stgh-tr.plasmops.plasticsurgery@nhs.net)

**From : (Referrer details )**

**Name:……………………………………….Extension/Bleep……………………..**

**Department…………………………………..**

***Pease note all fields must be filled out in order for this referral to be processed***

**Baby details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | DOB | Gender | MRN/NHS number | Birth weight | Present weight |
|  |  |  |  |  |  |
| Place of Birth |
|  |

**Mother’s details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | MRN | Address | Contact Tel |
|  |  |  |  |  |

**Fathers Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOB | Address | Contact Tel |
|  |  |  |  |

**GP Details**

|  |  |  |
| --- | --- | --- |
| Name | Address | Contact Tel |
|  |  |  |

Reason for referral:

(Please tick)  **Tongue Tie 🞏 Extra digits 🞏**

**Has there been a full breastfeeding assessment and Feeding Plan? Yes 🞏 No 🞏**

**If so has there been a review of the Feeding Plan?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother** | **X** | **Baby** | **X** |
| Sore nipples |  | Shallow latch – despite support with P&A |  |
| Cracked, bleeding nipples |  | Fragmented feeds |  |
| Compressed nipple |  | Consistent feeds longer than 45 mins |  |
| Blanched nipple |  | Low weight gain |  |
| Blocked ducts |  | Not content after feeds |  |
| Mastitis |  | Fussy at the breast |  |
| Low milk supply |  | Clicking |  |
|  |  | Excessive wind |  |
|  |  | Excessive saliva |  |

**Additional comments:**