



Southampton Children's Hospital Tongue Tie Clinic Referral Form

Mothers Name:	Baby's name:				
DOB://	DOB://				
Phone (home):	NHS No				
Phone (mobile):	Any postnatal concerns or treatment? Y/N				
Email address:	Detail:				
G.P & address:	Vitamin K given ? IM / Oral / None				
	If oral Vitamin K has baby received appropriate				
Any family history of bleeding disorders? Y/N	follow up doses? Y/N				
If so, does the baby need to have a blood test	Detail:				
prior to appointment? Yes / No / N/A					
Name and contact details of person making referral:	Current feeding : Breast / Bottle / Mixed				

Please complete the breastfeeding assessment tool in the child health record book.

Maternal Assessment- tick as appropriate	Infant Assessment- tick as appropriate	
Sore/cracked nipples	Weight loss/gain problems	
Engorgement/Blocked ducts/mastitis	Fusses/slips off the breast	
Low milk supply	Continued frequent feeds	
	Unsettled following a feed	
	Sleepy	
	Slow to feed	
	Excessively windy	
	Dribbles out large amounts of milk	

- 1. The tongue tie clinic is primarily for infants who are breast feeding and having problems with breast feeding that are related to them having a tongue tie. However, we acknowledge that a small number of babies who are bottle fed will have problems due to a tongue tie and we are delighted to assess these babies too. Please do not use this form to refer a baby who does not have any feeding problem.
- 2. Please complete this form electronically. To make referral via email please attach a saved copy of the completed form to an email and send to paeds.ttadmin@uhs.nhs.uk If you are not sending from an nhs.net email address <u>please obtain</u> <u>parental permission to send via email</u> since non nhs.net email addresses are not considered secure and personal details are being transmitted.
- 3. To refer by email please tick this box below to confirm you have parental consent

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