Latch & Co.
LACTATION SERVICES

2649 Puuhapapa Loop • Wahiawa, HI 96786
P: 865-280-0783 • F: 865-297-4923
Email: kspangler@latchandcompany.com
Clinic Hours: M-F: 8am - 4:30pm

REFERRAL FOR LACTATION AND FEEDING EVALUATION

Patient's Name: _____ **DOB:** _____

Referral Provider: _____ **Patient Phone #:** _____

Diagnosis: _____

Precautions/comments: _____

_____

PEDIATRIC CONCERNS

- ☐ Pain with latch
- ☐ Bottle difficulty
- ☐ Oral Ties
- ☐ Slow or no weight gain
- ☐ Latch difficulty
- ☐ Food allergies
- ☐ Frequent spit-up
- ☐ Gassiness/colic
- ☐ Parent request
- ☐ Other:

PARENT CONCERNS

- ☐ Prenatal Assessment
- ☐ Breast/nipple pain
- ☐ Engorgement
- ☐ Clogged Ducts/Mastitis
- ☐ Low Milk Supply
- ☐ Oversupply
- ☐ Pumping concerns
- ☐ Patient request
- ☐ Other:

_____ _____

SIGNATURE **DATE**