***Poutiri Wellness Centre***

***Assisting Māmā & Whānau across Western BOP***

*35 Commerce Lane, PO Box 148 Te Puke*

*Phone: 07-573 0091*

***Whānau and self-referrals are easy via:***

***Text:*** *027 554 1120*

***Web:***[*www.breastfeedinghelp.org.nz*](http://www.breastfeedinghelp.org.nz)

***Email:****mama@poutiri.org*

***Facebook:***[fb.me/MamaMaiaNgaKakano](https://fb.me/MamaMaiaNgaKakano)

**MĀMĀ MAIA COMMUNITY Breastfeeding support SERVICE**

When form is complete please email it to mama@poutiri.org or it can be sent to any of the above options

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| --- |
| **Referral details** |
| **Name of Referrer:** |  |
| **Date of Referral:** |  |
| **Consent obtained for referral:** | Yes [ ]  No [ ]  |
| **Referral to:** | [ ]  Lactation Consultant [ ]  Kaiawhina Peer Support |
| **Mother’s Details** |
| **Family Name:** |  | **Given Name(s):** |  |
| **DOB:** |  | **NHI:** |  |
| **Address:** |  | **Phone:** |  |
| **Cell:** |  |
| **Email:** |  |
| **GP:** |  | **LMC:** |  |
| **Ethnicity:** | Māori [ ]  NZ/European [ ]  Pacific [ ]  Asian [ ]  Other [ ]  |
| **Community Services Card:** | Yes [ ]  No [ ]  |
| **Estimated Date of Delivery (EDD) if pregnant:** |  |
| **Baby NHI:** |  | **Baby DOB:** |  |
| **Baby Name:** |  | **Baby gender:** |  |
| Baby's birth weight |  |  |  |
| **Previous breastfeeding experience** | Yes [ ]  No [ ]  |
| **Any known risks (please specify) e.g. dogs, domestic violence etc.:** |
| **Reason for Referral:**[ ]  Latching difficulties[ ] Nipple pain[ ]  Nipple yeast or oral thrush in baby[ ]  Suspected tongue tie[ ]  Low milk supply | [ ]  Over milk supply[ ]  Engorgement[ ]  Mastitis[ ]  General breastfeeding advice and education[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Background/history (parity, relevant obstetric and medical history, meds, birth details):** |

***Office use only***

|  |  |
| --- | --- |
| **Referral accepted** [ ]  | **Appointment date and time:**  |
| **Name of LC or Kaiawhina:** |  |
| **Referral Declined** [ ]  | **Reason:**  |
| **Referrer Informed:** |  |