Peel Region
working with you

Breastfeeding Services Referral Form

Phone: 905-799-7700 Fax: 905-791-8981

Date of Referral			
Referral completed by : Name			
Phone		Fax	
Client consent obtained for referral to Peel Public Health Breastfeeding Services	☐ Yes		

Section 1 – Client's Information

Name				Home Number	
Date of Birth				Mobile Number	
Address				Interpreter Required	☐ Yes ☐ No
City		Postal Code		If yes, which language	

Section 2 – Newborn Information

Date of Birth				Date of Hospital Discharge	
Sex	☐ Male	☐ Female	☐ Other		
Hospital of Birth	☐ Credit Valley	☐ Mississauga Hospital	☐ Brampton Civic	☐ Other:	
Birth Weight (g)				Discharge Weight (g)	
Pregnancy Type	☐ Singleton	☐ Twin	☐ Multiples (# of babies):		
Delivery Type	☐ Vaginal	☐ C-section	Gestation (weeks):	☐ Primip	☐ Multip

Section 3 – Feeding Information

Current Feeding Method	☐ Breastfeeding (BF)	☐ Mixed Feeding	☐ Formula Only with Intent to BF
Reason for Referral	☐ Milk Supply	☐ Nipple Pain/Discomfort	☐ Engorgement
	☐ Latch	☐ General BF Support	☐ Other

Additional Information (max 200 words)

Notice with respect to the Collection of Personal Information:

This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990, c. M.56, and the Personal Health Information Protection Act, 2004, S.O. 2004, c.3. This information will be used by Peel Public Health for the purposes of the administration and evaluation of the Breastfeeding Program. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Health, PO Box 667 RPO Streetsville Mississauga ON L5M 2C2 Telephone: 905-799-7700, Fax: 905-564-2683; Email: PeelHealth@peelregion.ca.