

St Michaels Hospital Division of Tongue Tie – ENT Referral Form

Specialist midwife run outpatient clinic for babies up to 3 months of age having problems breastfeeding.
It is vital that positioning and attachment are thoroughly supported and assessed by an appropriately trained supporter prior to referral for tongue tie assessment / division, and also afterwards.

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|--|---|--------------------------|
| Date of Referral: | Inpatient? No <input type="checkbox"/> Yes <input type="checkbox"/> Ward: | |
| Child's name: Sex: F <input type="checkbox"/> M <input type="checkbox"/> Address: Post code: | Trust/NHS Number: | |
| | D.O.B: | |
| | Parent / carers name: | |
| | Contact details (phone no. essential): | |
| GP: | Referring clinician name: | |
| Practice: | Profession: | |
| | Location: | |
| | Contact no: | |
| Vit K prophylaxis: IM <input type="checkbox"/> oral <input type="checkbox"/> Declined <input type="checkbox"/> N/K <input type="checkbox"/> | | |
| Tongue tie previously assessed/divided: Y <input type="checkbox"/> / N <input type="checkbox"/> | | |
| Feeding History (select all that apply) | Presenting Problem(s) | |
| Breastfeeding: <input type="checkbox"/> | Sore / damaged nipples: | <input type="checkbox"/> |
| Nipple Shields: <input type="checkbox"/> | Sliding off breast: | <input type="checkbox"/> |
| Expressing: <input type="checkbox"/> | Clicking: | <input type="checkbox"/> |
| Bottle <input type="checkbox"/> Cup <input type="checkbox"/> Syringe <input type="checkbox"/> Spoon <input type="checkbox"/> NG tube <input type="checkbox"/> | Short frequent feeds: | <input type="checkbox"/> |
| | | Prolonged feeds: |
| EBM <input type="checkbox"/> Formula <input type="checkbox"/> Mixed <input type="checkbox"/> | Excessive weight loss: | <input type="checkbox"/> |
| Additional comments: | Slow weight gain / static weight: | <input type="checkbox"/> |
| | Unsettled baby / wind / reflux: | <input type="checkbox"/> |
| | Engorgement / Mastitis: | <input type="checkbox"/> |
| | Thrush: | <input type="checkbox"/> |

Please email (preferred) completed form to ubh-tr.TonguetieUH Bristol@nhs.net or fax to Infant Feeding Midwives c/o ENT referrals on 0117 3425615. Sending by post is likely to result in a delay
Appointment / referral queries: Tel ENT 0117 3421618. Infant feeding specific queries:
Tel 0117 3425164.