**Tongue tie referral form**

**Assessment +/- division of tongue tie in a breastfed baby**

**Paediatric ENT service provided by Infant Feeding Specialist Midwife team**

Outpatient clinics located at St Michaels and Weston General Hospitals. Infants must be **<12 weeks of age** at time of referral**,** with persistent **breastfeeding** problems, suspected to be caused by ankyloglossia (tongue tie)**\***.

**Complete form on screen (or scan) and email as PDF attachment to: Tonguetiereferrals@uhbw.nhs.uk**

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| --- | --- | --- |
| **Date of referral:** Click here to enter a date  **Age of child at referral:** Click here to enter text | **Current inpatient at St Michaels?**  No  Definitely going home without being seen  Yes: *do not use this form - please call 25164 to refer* | |
| **Child's name:**  Click here to enter name  **Trust/NHS number:** Click here to enter text  **D.O.B:** Click here to enter a date  **Sex:** F  M  **GP practice:** Click here to enter text  **Vit K:** IM  Oral  Declined  N/K | **Parent / carers name:**  Click here to enter name  **Contact details** Click here to enter text  (phone no. essential): | |
| **First line of address:** Click here to enter text  **Area:** Click here eg. Bristol / Weston / N Somerset  *NB: An appointment in either Bristol or Weston will be offered based on availability, and parent / carer preference where possible* | |
| **Who has observed and assessed a full feed, and when?\*** Click here to enter name, role, date  TABBY/BTAT score: Click here to enter text  [See TABBY form linked here](https://oakshed.co.uk/portfolio/university-of-bristol/) | **Referrer**  Name: Click here to enter text  Profession: Click here to enter text  Location: Click here to enter text  Contact no.: Click here to enter text  UHBW ‘Tongue tie’ leaflet provided via:  hardcopy  maternity app  online: foi.avon.nhs.uk | |
| Potential tongue tie previously assessed by member of specialist midwife team? Y  N  N/K |
| Feeding History (select all that apply) | Presenting Problem (select all that apply) | |
| Exclusively breastfeeding: | Sore / damaged nipples: |  |
| Mix feeding / topping up breastfeeds#:  with: EBM  Formula milk  via: Bottle  Cup  Other | Sliding off breast / shallow latch: |  |
| Clicking: |  |
| Excessive weight loss: |  |
| EBM only - no feeds at breast# | Slow weight gain / static weight: |  |
| Formula (bottle) *due to CCG Policy we are only able*  feeding only *to accept referrals for breastfed babies* | Unsettled / frustrated baby / breast refusal: |  |
| Additional comments: *#please state reason here*  Click here to enter text | Short frequent feeds: |  |
| Prolonged feeds: |  |
| Engorgement / mastitis: |  |
| Possible issues with milk supply: |  |

**\***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. If feeding is going well there is no need to refer.

**Appointment / referral queries: Tel ENT 0117 3421611 Clinical infant feeding specialist queries: Tel 0117 3425164**