

Healthy Families Feeding and Nutrition Clinic Referral Form

The **Healthy Families Feeding and Nutrition Clinic** offers one-on-one support to help families make informed feeding or nutrition decisions that are best for their family. A Registered Nurse or Registered Dietitian will provide families with in-person, virtual or phone support.

If your client can benefit from this program, complete the form and return by fax to the Health Unit:

- For Clients in Northumberland County: Fax: (905) 885-7965
- For Clients in City of Kawartha Lakes/Haliburton County: Fax (705) 324-2154

Date of Referral: _____ **Does Client Consent to Referral? (required)** Yes

Client Name: _____ **Client Date of Birth:** _____

Child(ren) of Client: Name	Date of Birth	Age

Client Address: _____

Client Phone: _____ **Client Email:** _____

Reason for Referral (*check all that apply*)

Section A: Preconception, Prenatal and Maternal Nutrition

<input type="checkbox"/> Preconception health or nutrition	<input type="checkbox"/> Nutrition and breastfeeding	<input type="checkbox"/> Prenatal nutrition
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Section B: Breastfeeding and Feeding with Breastmilk Substitute or Breastmilk (*check all that apply*)

<input type="checkbox"/> Latching/Positioning	<input type="checkbox"/> Supply	<input type="checkbox"/> Pain
<input type="checkbox"/> Expressed Breastmilk/Pumping	<input type="checkbox"/> Breastmilk Substitute	<input type="checkbox"/> Tandem Feeding

Section C: Infant Feeding and Child Nutrition (*check all that apply*)

<input type="checkbox"/> Introducing Solids (6 – 12 months)	<input type="checkbox"/> Allergies
<input type="checkbox"/> Toddler or Preschooler Nutrition (1 – 4 yrs)	<input type="checkbox"/> Other:

Additional Information:

Referred By:

Name:	Phone:
Agency:	

For more information or to speak with a Healthy Families team member, call 1-866-888-4577, ext. 5003
or visit us at hkpr.on.ca