

**RAPID ACCESS**  
**Vancouver Breastfeeding Centre Referral Form**

University of British Columbia Department of Family Practice

909-750 West Broadway, Vancouver, BC, V5Z 4E2

**FAX: 604-738 -1231 | TEL: 604-738-1912**

www.breastfeedingclinic.com

**\*\*PLEASE COMPLETE ALL BOLDED SECTIONS (AT MINIMUM)\*\***

**DOCTOR PREFERRED :**

First Available

Dr. Livingstone #3549  
(Vancouver)

Dr. Huettmeyer #67205  
(Prince George)

Dr. Lin #25453  
(Vancouver)

Dr. Jansen #28089  
(Vancouver)

Dr. Wickens #23198  
(Victoria)

**REFERRING DR/RM:** \_\_\_\_\_

**FAX NO:** \_\_\_\_\_ **MSP BILLING #:** \_\_\_\_\_

**MOTHER'S NAME :** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PHN #:** \_\_\_\_\_

**PHONE NO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**INFANT'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PHN #:** \_\_\_\_\_

**INFANT'S NAME (TWIN B):** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PHN #:** \_\_\_\_\_

**REASON FOR REFERRAL:**

**MUST COMPLETE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY WITHIN 24 HOURS

URGENT WITHIN 2-3 DAYS

ROUTINE WITHIN 1 WEEK

\_\_\_\_\_

**PLEASE NOTE:**

- We will contact patient directly to book appointment and return referral with confirmed appointment time.
- Please ask patient to bring a hungry baby to appointment (do not feed for at least 2 hours before appointment).
- For further information suggest patient visit our website: [www.breastfeedingclinic.com](http://www.breastfeedingclinic.com).
- **Please submit a GP referral - ICD code 676 for mother and ICD code 783 for infant - upon receiving appointment confirmation**

**\*PLEASE KEEP A COPY OF THIS FORM FOR FUTURE REFERRALS\***

**FOR CLINIC USE ONLY:**

APPOINTMENT DATE & TIME : \_\_\_\_\_

DOCTOR TO BE SEEN : \_\_\_\_\_