



# VANCOUVER BREASTFEEDING CENTRE

Department of Family Practice  
University of British Columbia  
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Vancouver BC V5Z 4E1

Fax: 604-738-1231  
Tel: 604-738-1912

[www.breastfeedingclinic.com](http://www.breastfeedingclinic.com)

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

**DOCTOR**                      \_\_\_First Available                      \_\_\_ Dr. E. Huettmeyer #67205  
**PREFERRED:**  
   \_\_\_Dr. V. Livingstone #3549     \_\_\_Dr. J. Wickens #23198  
   \_\_\_Dr. B. Lin #25453                \_\_\_Dr. K. Jansen #28089

**REFERRING DR/RM:**

**MSP BILLING #:**

**FAX #:**

**PH #:**

**MOTHER'S NAME:**

**DOB:**

**PHN#:**

**PHONE #:**

DD/MM/YY

**INFANT'S NAME:**

**DOB:**

**PHN #:**

DD/MM/YY

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

**DOB:**

**PHN #:**

**\*MOTHER'S EMAIL ADDRESS\*:**

DD/MM/YY

**REASON FOR REFERRAL:**

EMERGENCY (WITHIN 24 HOURS)

URGENT (WITHIN 2-3 DAYS)

ROUTINE (WITHIN A WEEK OR MORE)

### **PLEASE NOTE:**

- We will contact patient to book appointment and then fax back referral with confirmed appointment time.
- Please ask patient to bring a hungry baby; do not feed baby 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.**

### **FOR CLINIC USE ONLY:**

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

### **DOCTOR TO BE SEEN:**

Dr. V. Livingstone #3549     Dr. Wickens #9121     Dr. B. Lin #25453     Dr. Jansen #28089     Dr. Huettmeyer #67205

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