



Oral Function SPECIALTIES

Connecting oral health and wellness through a lifetime

11225 Front Street • Suite 17 • Mokena, IL 60448

P: 708-316-1610

Email: joy@OralFunctions.com • Website: OralFunctions.com

Referral for lactation and feeding evaluation

Patient's Name: _____ DOB: _____

Referral Provider: _____ Follow-up date: _____

Diagnosis: _____

Precautions/comments: _____

Pediatric concerns

- ☐ Pain with latch
- ☐ Bottle difficulty
- ☐ Oral ties
- ☐ Slow or no weight gain
- ☐ Latch difficulty
- ☐ Food allergies
- ☐ Frequent spit-up
- ☐ Gassiness/colic
- ☐ Parent request
- ☐ Other:

Parent concerns

- ☐ Prenatal assessment
- ☐ Breast/nipple pain
- ☐ Engorgement
- ☐ Clogged ducts/mastitis
- ☐ Low milk supply
- ☐ Oversupply
- ☐ Pumping concerns
- ☐ Patient request
- ☐ Other:

Signature

Date