

Referral for Tongue Tie

Patient details Surname First name Address NSW Suburb Date of Birth Contact number Email Mother Father Please describe the feeding difficulties □ Attachment □ Mastitis or blocked ducts □ Messy eater □ Breast/nipple pain □ Clicking on sucking □ Gagging on solids □ Poor weight gain □ Breast/nipple trauma Difficulties chewing □ Prolonged feeding times □ Frequent feeding required Other Any other relevant issues **Referring Clinician** Name Address NSW Phone Provider number Fax Email Specialty Paediatrician Obstetrician General Medical Dental ☐ Speech Pathologist ☐ Midwife ☐ Lactation consultant ☐ CFH Nurse



Sydney Specialist Tongue Tie Clinic

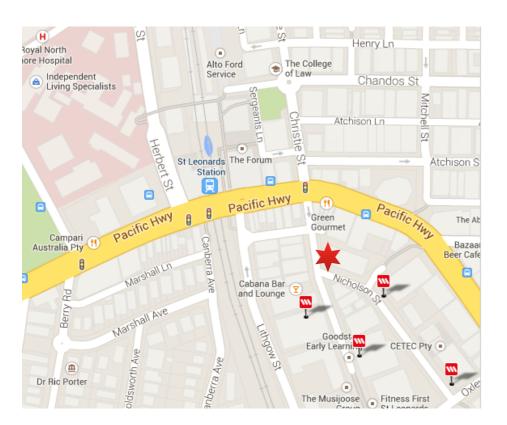
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Address		
Suburb		NSW
Date of Birth	Contact number	
Email		
Mother	Father	
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□ Prolonged feeding times	□ Frequent feeding required	□ Other
Any other relevant issues		
Referring Clinician		
Name		
Address		
		NSW
Phone	Provider number	
Fax	Email	
Specialty Paediatrician	□ Obstetrician □ General I	Medical Dental
□ Speech Patho	ologist Midwife Lactation	n consultant CFH Nurse

Practice Location

Suite 210 AMA House 69 Christie Street (corner of Nicholson St) St Leonards, NSW 2065

- Four parking stations close by
- St Leonards railway station is 3 minutes walk
- Royal North Shore Hospital is located on the north side of the Pacific Highway



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