



## Alameda Alliance for Health Lactation Consultation Request Form

**INSTRUCTIONS:**

1. Print clearly in blue or black ink
2. Fax to:  
**Alameda Alliance for Health**  
 Fax Number: **1.877.813.5151**

MEMBER INFORMATION		
MOTHER'S NAME:	ALLIANCE MEMBER ID NUMBER: <input type="checkbox"/> MOM <input type="checkbox"/> BABY	
PHONE NUMBER:	MOTHER'S PREFERRED LANGUAGE:	
BABY'S NAME:	BABY'S DOB: ____ / ____ / ____	DISCHARGE DATE (IF APPLICABLE): ____ / ____ / ____
BIRTH WEIGHT:	TODAY'S WEIGHT:	MEMBER WAS SEEN ON: ____ / ____ / ____
REFERRING PERSON INFORMATION*		
NAME:	PHONE NUMBER:	TODAY'S DATE: ____ / ____ / ____
BREASTFEEDING CONCERNS		
<input type="checkbox"/> Breast Pain <input type="checkbox"/> Breast Pump <input type="checkbox"/> Breast Surgery <input type="checkbox"/> Cleft Lip/Palate <input type="checkbox"/> Engorgement <input type="checkbox"/> Finger Feeding <input type="checkbox"/> Flat or Inverted Nipples <input type="checkbox"/> Fussy Baby	<input type="checkbox"/> Insufficient or Slow Weight Gain <input type="checkbox"/> Jaundice/Sleepy Baby <input type="checkbox"/> Latch-on Problems <input type="checkbox"/> Maternal Breast Disorder <input type="checkbox"/> Medications/Drugs <input type="checkbox"/> Milk Collection and Storage <input type="checkbox"/> Milk Supply Concerns <input type="checkbox"/> Nipple Shield	<input type="checkbox"/> Plugged Duct/Mastitis <input type="checkbox"/> Positioning Problems <input type="checkbox"/> Premie (Gest. Age _____) <input type="checkbox"/> Sore, Fissured, or Bleeding Nipples <input type="checkbox"/> Supplemental Nursing System <input type="checkbox"/> Suspected Thrush <input type="checkbox"/> Tongue Tie <input type="checkbox"/> Other: _____
<b>Reason for visit, instructions and/or concerns:</b>		

**\*Please note: Referring person must call, fax or use secure e-mail when sending patient information.**

For questions regarding the Alameda Alliance for Health Lactation Program, please call Linda Ayala, Manager, Health Education, at **510.747.6038**, fax or secure e-mail [livehealthy@alamedaalliance.org](mailto:livehealthy@alamedaalliance.org).