



Lactation Consulting
Carla Black RM, IBCLC @ Plum Midwifery
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Tin Town Clinic
2314 Rosewall Cres, Unit A, Courtenay, BC

Client Referral Form

Patient Name:
Address:
DOB:
PHN:
Phone number:

Referrer Name:
MSP #:
Phone:
Fax:

Please indicate reason for referral:

- IBCLC Breast/chestfeeding support
 IBCLC Antenatal breast/chestfeeding consultation

Relevant history:

Please attach a summary of prenatal care, birth hx, newborn info, labs, or other relevant information to care. Care is only available up to 6 weeks postpartum in Comox Valley area or by phone if residing outside of the valley. Your referral provides your client to MSP covered lactation services up to six weeks postpartum. Thank you for the taking the time to refer. A summary will be forwarded to you once care is complete.