**Tongue tie referral form**

**Assessment +/- division of tongue tie in a breastfed baby**

**Paediatric ENT service provided by Infant Feeding Specialist Midwife team**

Outpatient clinics located at St Michaels and Weston General Hospitals. Infants must be **<12 weeks of age** at time of referral**,** with persistent **breastfeeding** problems, suspected to be caused by ankyloglossia (tongue tie)**\***.

**Complete form on screen (or scan) and email as PDF attachment to: Tonguetiereferrals@uhbw.nhs.uk**

|  |  |
| --- | --- |
| **Date of referral:** Click here to enter a date**Age of child at referral:** Click here to enter text  | **Current inpatient at St Michaels?**  No [ ]  Definitely going home without being seen [ ]  Yes: *do not use this form - please call 25164 to refer* |
| **Child's name:**  Click here to enter name**Trust/NHS number:** Click here to enter text**D.O.B:** Click here to enter a date**Sex:** F [ ]  M [ ] **GP practice:** Click here to enter text**Vit K:** IM [ ]  Oral [ ]  Declined [ ]  N/K [ ]  | **Parent / carers name:**  Click here to enter name**Contact details** Click here to enter text(phone no. essential): |
|  | **First line of address:** Click here to enter text**Area:** Click here eg. Bristol / Weston / N Somerset*NB: An appointment in either Bristol or Weston will be offered based on availability, and parent / carer preference where possible* |
| **Who has observed and assessed a full feed, and when?\*** Click here to enter name, role, dateTABBY/BTAT score: Click here to enter text[See TABBY form linked here](https://oakshed.co.uk/portfolio/university-of-bristol/) | **Referrer**Name: Click here to enter textProfession: Click here to enter textLocation: Click here to enter textContact no.: Click here to enter textUHBW ‘Tongue tie’ leaflet provided via:hardcopy [ ]  maternity app [ ]  online: foi.avon.nhs.uk [ ]  |
| Potential tongue tie previously assessed by member of specialist midwife team? Y [ ]  N [ ]  N/K [ ]  |  |
| Feeding History (select all that apply) | Presenting Problem (select all that apply) |
| Exclusively breastfeeding: [ ]  | Sore / damaged nipples: |[ ]
| Mix feeding / topping up breastfeeds#: [ ]  with: EBM [ ]  Formula milk [ ]  via: Bottle [ ]  Cup [ ]  Other [ ]  | Sliding off breast / shallow latch: |[ ]
|  | Clicking: |[ ]
|  | Excessive weight loss: |[ ]
| EBM only - no feeds at breast# [ ]  | Slow weight gain / static weight: |[ ]
| Formula (bottle) *due to CCG Policy we are only able*feeding only *to accept referrals for breastfed babies* | Unsettled / frustrated baby / breast refusal: |[ ]
| Additional comments: *#please state reason here* Click here to enter text | Short frequent feeds: |[ ]
|  | Prolonged feeds: |[ ]
|  | Engorgement / mastitis: |[ ]
|  | Possible issues with milk supply: |[ ]

**\***It is **vital** that positioning and attachment are thoroughly supported and assessed by an **appropriately trained** supporter prior to referral for tongue tie assessment / division, and also afterwards. If feeding is going well there is no need to refer.

**Appointment / referral queries: Tel ENT 0117 3421611 Clinical infant feeding specialist queries: Tel 0117 3425164**