# Referral Guidelines

1. Referral of a breastfeeding client to PlunketLine for an additional contact or series of contacts for support with a breastfeeding issue. This referral should be negotiated with the client and form part of the plan of care that directly relates to assessed need.
2. Please email the completed referral to: [PlunketLine.VC@plunket.org.nz](mailto:PlunketLine.VC@plunket.org.nz)
3. Please put *VC Breastfeeding Additional Support* in the subject line
4. Please ensure that this has been negotiated and that the breastfeeding client has consented to this referral
5. Please note that this mail box will be monitored Monday to Friday 8.30am – 5pm.   
   There will be no automated response so please attach a read receipt and you will receive an email confirming when the referral has been read.

# Referral information for breastfeeding contact

|  |  |  |
| --- | --- | --- |
| Caregivers name: | | Date of Birth: |
| Childs name: | |  |
| Child’s NHI: | Date of Birth: | |
| Contact Phone number: |  | |
| Email Address: |  | |
| Address: |  | |
| When phoning client to  book the consult-Is it appropriate/safe to leave a message if the client does not answer: |  | |

|  |
| --- |
| **Primary reason for the referral request:** |
| **Other Information (including risk factors) that may be helpful to support this VC breastfeeding contact**:  **Current Feeding status:**  **Next contact scheduled by referrer (Lactation consultant, Plunket Nurse) as part of planned care:** |

# Referrers Details

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Plunket Region: |  |
| Referred by: |  | Role: |  |
| Email: |  | Contact Number: |  |
| Clinical Leader: |  |  |  |