

REFERRAL for Breastfeeding Support

with Sarah Hardy Walsh, ND, IBCLC



- Painful latch/sore nipples
- Milk supply concerns
- Frequent night waking
- Recurrent clogged ducts
- Milk expression/pumping
- Other (describe in notes)

Notes:

Parent's Name: _____ D.O.B. _____

Infant's Name: _____ D.O.B. _____

Referring Provider: _____

Telephone: _____

Fax: _____

Signature: _____

Sarah Hardy Walsh, ND, IBCLC
Natural Health & Lactation Consultant

(506) 804-2246 (Call/Text)
(506) 499-9133 (Fax)
sarah@sarahhardywalsh.com