



Care



Community



Change

Strathcona
Midwifery Collective

Lactation Support Referral Form

207-236 E GEORGIA ST, VANCOUVER BC, V6A 1Z7

PHONE: 604.558.1701 • FAX: 604.558.1702

EMAIL: ADMINSMC@SHAW.CA

WWW.STRATHCONAMIDWIFERYCOLLECTIVE.COM

Please complete form and return by fax or email
We will contact your patient directly to schedule an appointment

Date

Patient Information

Name

PHN

DOB (DD/MM/Year)

Address

Telephone

Email

Baby/Babies Date of Birth

Referring Provider Information

Name

MSP #

Telephone

Fax

Reason for referral- *Please include birthweight*

Office use: Date received

Documents received

Intake date

Office use: Date received

Documents received

Intake date