

# St Michaels Hospital

## Division of Tongue Tie – ENT Referral Form

Specialist midwife run outpatient clinic for babies up to 3 months of age having problems breastfeeding.  
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.

Date of Referral:	Inpatient? No <input type="checkbox"/> Yes <input type="checkbox"/> Ward:	
Child's name:	Trust/NHS Number:	
Sex: F <input type="checkbox"/> M <input type="checkbox"/>	D.O.B:	
Address:	Parent / carers name:	
Post code:	Contact details (phone no. essential):	
GP:	Referring clinician name:	
Practice:	Profession:	
	Location:	
	Contact no:	
Vit K prophylaxis: IM <input type="checkbox"/> oral <input type="checkbox"/> Declined <input type="checkbox"/> N/K <input type="checkbox"/>		
Tongue tie previously assessed/divided: Y <input type="checkbox"/> / N <input type="checkbox"/>		
Feeding History (select all that apply)	Presenting Problem(s)	
Breastfeeding: <input type="checkbox"/>	Sore / damaged nipples:	<input type="checkbox"/>
Nipple Shields: <input type="checkbox"/>	Sliding off breast:	<input type="checkbox"/>
Expressing: <input type="checkbox"/>	Clicking:	<input type="checkbox"/>
Bottle <input type="checkbox"/> Cup <input type="checkbox"/> Syringe <input type="checkbox"/> Spoon <input type="checkbox"/> NG tube <input type="checkbox"/>	Short frequent feeds:	<input type="checkbox"/>
	Prolonged feeds:	<input type="checkbox"/>
EBM <input type="checkbox"/> Formula <input type="checkbox"/> Mixed <input type="checkbox"/>	Excessive weight loss:	<input type="checkbox"/>
Additional comments:	Slow weight gain / static weight:	<input type="checkbox"/>
	Unsettled baby / wind / reflux:	<input type="checkbox"/>
	Engorgement / Mastitis:	<input type="checkbox"/>
	Thrush:	<input type="checkbox"/>

Please email (preferred) completed form to [ubh-tr.TonguetieUH Bristol@nhs.net](mailto:ubh-tr.TonguetieUH Bristol@nhs.net) or fax to **Infant Feeding Midwives c/o ENT referrals** on 0117 3425615. Sending by post is likely to result in a delay  
Appointment / referral queries: Tel ENT 0117 3421618. Infant feeding specific queries:  
Tel 0117 3425164.