ROWAN K.
MCNIVEN

INFANT FEEDING CONSULTANT, RM, IBCLC

Referral Form - Infant Feeding Consultation

This form is for Registered Midwives, Physicians, NPs, RNs, and RSWs. **Fax: 877-640-4517 or Email: rowanmcniven.ibclc@gmail.com**

Urgency of Consultation Request:

Urgent (within 24 hours) **please call 250-702-2692*

Semi-Urgent (within 72 hours)

Non-Urgent

Consultation Location Request:

Home

Victoria General Hospital

Virtual / Phone

Clinic **available for clients traveling from out of town*

Referral date	
Name of referring provider	
Referring provider MSP billing #	
Referring provider urgent contact number	
Primary indication(s) for consultation	

Client Information:

Name used (First, Last)	
Legal name (First, Last) ****if different than name used***	
Provincial Health Number	
Date of birth (Month, Day, Year)	
Phone number + email address	
Address	
Expected due date (prenatal)	
Baby date of birth (postpartum)	

Referral notes	