

Alaska WIC BFPC Policies

Sample Referral to Breastfeeding Peer Counselor & or IBCLC

Name of Client: _____

Baby's Name (if applicable) _____

Address: _____

Phone: _____ Age _____

Email: _____

Due Date or Baby's DOB _____

Sex of baby: _____ Male _____ Female

_____ Client is interested in receiving breastfeeding information.

_____ Client is currently breastfeeding.

_____ Client needs follow-up help with breastfeeding.

Explanation: _____

_____ Other: _____

Additional comments:

Referred by: _____ Date: _____