



## Breastfeeding/Lactation Medicine Referral Form

1190 Waianuenue Ave. Hilo, HI 96720

Phone: (808) 932-3730 | Fax: (808) 933-9291

Referring Provider:

Date of Referral

Name:  HPH (Stickley/Stowers)  
 EHC (Adrian)  
 HICHC (Khozaim)  
 Other

Referral from:  Clinic  
 Hospital

### Mother/Lactating Parent's Details

### Infant's Details

Name

Name

Date of Birth

Date of Birth

Insurance Information

Infant's Sex:  Male  Female

Infant's Birth Weight:

Address

Phone (Mobile)

Email (Optional)

Additional Info (Optional)

### Reason for Referral/Risk Factors

Please give the family the EHC 1190 Primary Care Lactation Packet and fax this referral & ***a face sheet for parent (and infant if referral from HBMC)*** .

Fax: (808) 933-9291