

# Breastfeeding Clinic Notes

<b>Mother:</b>	<b>Health Visitor details</b>	
<b>M Number:</b>	<b>Name:</b>	
<b>Address:</b>		
	<b>Contact no:</b>	
<b>Telephone:</b>	<b>Notes:</b>	
<b>GP Name:</b>		
<b>GP address:</b>		
<b>Telephone:</b>		
<b>Baby:</b>		
<b>Surname (if different from mother):</b>		
<b>Date and time of birth</b>		
<b>Baby NHS No.</b>		
<b>First time mum</b>	<b>Y / N</b>	<b>Baby fed soon after birth</b>
		<b>Y / N</b>
<b>Type of birth</b>		
<b>MAIN REASON FOR VISIT:</b>	<b>NO OF VISITS (TOTAL)</b>	<b>REFER TO LOCAL SERVICES? Y / N</b>

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**Mothers Name:**

**Summary of care** (please state where this lady was seen, e.g. BFC, Dolphin, PN ward)

Date	Time		Signature & Designation

## Summary of care (cont.)

**(please state where this lady was seen, e.g. BFC, Dolphin, PN ward)**

[illegible]