

Breastfeeding Initiative (BFI)

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MICHIGAN STATE UNIVERSITY | Extension
OAKLAND COUNTY

REFERRAL FORM

Aide Assigned _____ Date _____ Enrolled _____

Family Name _____ Child's Name _____
(Last) (First)

Address _____
(Street) (City) (Zip)

Telephone Number _____ Best time to contact (circle one) A.M. P.M.

Number in Family _____ Number of Children _____ Children's Ages _____, _____, _____, _____

Referring Agency and Address: _____

Workers Name _____ Telephone Number _____

E-mail Address _____

Call referring agency before home visits

Is the client aware of referral? Yes ___ No ___

Is the client aware that the visits will take place in his/her home? Yes ___ No ___

- | | |
|--|---|
| <input type="checkbox"/> Nutrition information | <input type="checkbox"/> Advantages of breastfeeding |
| <input type="checkbox"/> Encouragement and support | <input type="checkbox"/> Home or phone visits (hospital) |
| <input type="checkbox"/> Educational materials | <input type="checkbox"/> Answers to breastfeeding questions |

Mom's Due Date: _____

Breastfeeding yes no

Pertinent Information: _____

MAIL TO: MSU Extension—Oakland County
BFI
1200 N. Telegraph Rd. Dept 416
Pontiac, MI 48341

FAX TO: 248-858-1477

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