



# loving support<sup>®</sup>

MAKES BREASTFEEDING WORK

## Louisiana Breastfeeding Peer Counselor Client Referral Form

Today's  
date

Enter Clinic Name:

Staff Making the Referral?

Region

PLACE PHAME LABEL HERE:

Family ID #

ENTER CLIENT'S NAME, ADDRESS AND CONTACT INFORMATION BELOW IF A PHAME LABEL IS NOT AVAILABLE

Name

Address

Phone number

Enter Due Date or Baby's Date of Birth:

Enter Mother's Date of Birth:

Enter Client's Race/Ethnicity (Check All that Apply):

Black

White

Asian

Hispanic

Native American

Pacific Islander

\*\*\*Click submit below to send all BFPC referrals or fax to 225-922-2370

Client Speaks What  
Language:

Client is Currently  
Breastfeeding:

A Loving Support Prenatal Bag  
has been Issued: