



WIC Prenatal Breastfeeding Peer Counselor Support Service Referral

Wake County Human Services Only: Place PAL 1 Label Here

Prenatal Client's WCHS MR# _____

Date ___ / ___ / ___

Referral Results Requested? Yes ___ No ___

Client's Name _____ Client's DOB ___ / ___ / ___

Address _____ City _____ Zip _____

Phone _____

Referral Made by _____ Phone _____

Department _____ Fax _____

___ English Speaking ___ Spanish Speaking ___ Other Language _____

Reason for Referral

___ Hx breastfeeding problem ___ No breastfeeding experience

___ Needs information to make infant feeding decision

___ Teen ___ No family/social support for breastfeeding

Other: _____

WCHS WIC Prenatal Breastfeeding Peer Counselor Service *Referral Results*

___ Phone contact/support on ___ / ___ / ___ Support will continue per service protocol.

___ Could not contact: ___ No phone number ___ No answer as of ___ / ___ / ___

___ Called and left messages: no return call as of ___ / ___ / ___

___ Client declined service ___ Client does not live in Wake County

Prenatal Breastfeeding Peer Counselor Support:

- ☞ At least one phone contact per trimester.
- ☞ General information and support for breastfeeding.
- ☞ Prenatal support transitions to Wake County WIC In-Home Breastfeeding Support Service after delivery.
- ☞ WIC referrals and information.
- ☞ Prenatal clients can leave a message for Breastfeeding Peer Counselor at (919) 250-4720 menu option "6"

Please Fax To: (919) 212-7558 Attn: Prenatal Breastfeeding Peer Counselor