Infant Formula – Request Form for Health Visitors

All fields <u>mi</u>	<u>ust</u> be completed – incom	plete forms will b	e returned to the Heal	th Visitor		
	Child Details		Surgery details			
Name	lame		Surgery Name			
DOB			Phone			
Address			Fax			
NHS nber			email			
	Haalib Malaga da	- 11 -				
Health Visitors details			Combont manufacture			
Name		Contact number				
Date			Base			
Assessn	nent (NICE recomme	ndation CG116	5)			
Allergy-Focused Clinical History Completed			k attached	□ Yes		
Treatm	ent / Advice					
	he Infant Formula Guide	alines for more	detailed information	on / help wit	h conditions	
	pesophageal Reflux (G			on / neip wit	in conditions	
Advise parent to purchase OTC			camil Anti-reflux®		DO NOT PRESCRIBE	
		•	w &Gate Anti-reflux®		DO NOT PRESCRIBE	
			obel Instant® to add to usual formula			
Soconda	ry Lactose intolerance				wooks	
Seconda	iry Lactose intolerance			re) up to 8 \	WEEKS	
Formula-fed / Mixed SMA LF® DO NOT PRESCRIBE					DECCDIDE	
Advise parent to purchase OTC Aptamil			mil Lactose- Free®		DO NOT PRESCRIBE	
			mil O-Lac [®]		DO NOT PRESCRIBE	
For br	eastfed infants only v					
Product	custicu illiulits olliy v	Pack Size		Tick	Qty*	
SMA LF [®]		400g tir	•		Α.,	
Enfamil O-Lac®		450g tir	£0.47			
Cows M	ilk Protein Allergy – N	lild-Moderate	(Extensively Hydro	vsed Formu	ılae (EHF)	
Key	Product	Pack Size		Tick	Qty*	
1 st Line	Similac Alimentum®	400g tin	£0.43			
	SMA Althéra®	450g tin				
	Milupa Aptamil Pept					
	Milupa Aptamil Pept	_				
	Nutramigen LGG 1®	400g tir				
	Nutramigen LGG 2®	400g tin				

^{*}Prescribe <u>2 tins initially</u> until compliance / tolerance is established.