

Dublin Cleft Centre Team - Referral for Cleft Management Services

☐ Children's Health Ireland at Temple Street Cleft Surgeon: Mr Christoph Theopold

☐ Children's Health Ireland at Crumlin Cleft Surgeon: Ms Catherine de Blacam



Family Details

Infant's name: _____ M ☐ F ☐ Mother's DOB: ____/____/____

Parent Name: _____ phone: _____

Parent Name: _____ phone: _____

Parent emails: _____

Address: _____

Nationality: _____ First Language: _____ Sibling's ages: _____

Interpreter required? Yes ☐ No ☐ Language /Dialect: _____

GP details: _____

Medical Details:

Date of Birth: _____ Time of Birth: _____ Gestation: _____ Cleft: lip only ☐ palate only ☐ both ☐

Birth Weight: _____ Length: _____ OFC: _____ Apgar Score: _____

Delivery Mode: _____ Parity: _____

Maternal Health: _____

Medications during pregnancy: _____

Cleft Family History ? Yes ☐ No ☐ Details: _____

Airway Assessment: (this should be completed prior to 1st oral feed)

Micrognathia: Yes ☐ No ☐

If Yes check tongue position: Anterior ☐ Mid oral ☐ Retro positioned ☐ SaO2 readings _____

Tick as appropriate

Normal Airway/Breathing: Yes ☐ No ☐ (if No, consider cleft team liaison prior to oral feeding)

Increased work of breathing ☐ Nasal flaring ☐ Audible sounds ☐ Tracheal Tug ☐

Use of Accessory Muscles ☐ Dusky episodes ☐ O2 Desaturation on handling ☐

PCO2 Levels: _____ Nursing position: Supine ☐ Side-lying ☐ Prone ☐



Feeding: (airway assessment should be completed prior to 1st feed)

Mother's Feeding Preference: Breast ☐ Bottle ☐ Combination ☐

Previous breastfeeding experience Yes ☐ No ☐ Details: _____

1st oral feed offered by breast ☐ standard bottle ☐ Other _____

Feeding at time of cleft referral: Nil PO ☐ Breast ☐ Bottle ☐ NG tube ☐ Combination PO/NG ☐

Describe present feeding: _____

Bottle Type: Standard bottle ☐ Exclusive Breast ☐ Haberman ☐ Mam soft ☐ Dr Brown + valve ☐

Investigations:

Bloods reserved Yes ☐ No ☐ Details: _____

Neonatal Audiology Screening completed Yes ☐ No ☐ Result: _____

Other Investigations/Referrals: _____

Cleft Diagnosis:

Antenatal anomaly scan offered in unit Yes ☐ No ☐

Antenatal scan attended Yes ☐ No ☐

Antenatal Diagnosis: Yes ☐ No ☐

Antenatal Cleft Team referral Yes ☐ No ☐

Time of Diagnosis if made following birth (in hours of age): _____ Birth -24hrs ☐ 24-48hrs ☐
48-72hrs ☐ 72hrs-1 week ☐ 1week-1month ☐ 1month-6months ☐ >6months ☐ _____

Referring Professional Information:

Name of Referrer: _____ Title of person 1st noticing cleft after birth: _____

Team Consultant: _____ Neonatologist ☐ Paediatrician ☐

Referring Hospital/Centre/Address: _____

Contact No. _____ Fax: _____ Email: _____

Date/Time referred to Cleft Team: Date _____ Time _____

(Please contact a cleft team member as soon as possible following diagnosis – phone preferable for initial communication)

Initial Cleft referral mode: Phone ☐ Email ☐ Fax ☐ Post ☐

Referral communicated 1st to: Co-ordinator ☐ Nurse Specialist ☐ Secretary ☐ Plastic Surgeon ☐

Plastics Registrar ☐ Speech & Language ☐ Other: _____

Plan for local follow-up arrangements: _____

(Local Paediatrician follow-up recommended for growth & developmental monitoring when palatal involvement)

(Official Cleft Team Use) Cleft team antenatal reference: _____ N/A ☐

Date of Contact: (1) Hospital _____ (2) Parent _____

Cleft Team Consultation Clinic (time/date): _____

Information Supplied: CLAPAI leaflets Yes ☐ No ☐ Cleft website information Yes ☐ No ☐

Other _____

Cleft Team Referrals: Speech & Language Therapist Yes ☐ No ☐ Other _____

Comments: _____

Highest educational status of mother: _____

NB please refer to a Cleft Team at one CHI site only

Mr. Christoph Theopold

Claire Brennan

Cleft Coordinator

CHI Temple Street

Office: 01 8784701

Mobile: 087 9888725

Fax: 01 8921820

Jane Gunn

Nurse Specialist

CHI Temple Street

Office: 01 8921797

01 8784200 Bleep 116

Ms Catherine de Blacam

Caroline Reddy

Nurse Specialist

CHI Crumlin

Office: 4096100 ext. 6163

Mobile: 087 4491079

Olivia Kerrigan

Cleft Coordinator

CHI Crumlin / St James Hospital

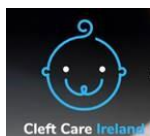
Office: 01 4162832

Bleep: 8267 Mobile: 087 0002892

Email: okerrigan@stjames.ie

Fax: 01 4096416/4162055

Emails: claire.brennan@childrenshealthireland.ie jane.gunn@childrenshealthireland.ie caroline.reddy@childrenshealthireland.ie



Further information: www.cleftcareireland.ie

© Dublin Cleft Centre (July 2026 revision)