

# WIC Information Form

This form is to be used to provide health and medical information to the WIC Program. Please complete the following:

**Patient's Name** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Sex: M or F** (circle one)

**Date of Collection** \_\_\_\_\_

| Child (Birth to 5 Years)   | Woman   |
|--|---|
| Birth Weight: _____ lbs. _____ oz.   | Height: _____ ft. _____ in.   |
| Birth Length: _____ in.  | Prepregnancy Weight: _____ lbs. _____ oz.   |
| Present Weight: _____ lbs. _____ oz.   | Present Weight: _____ lbs. _____ oz.  |
| Present Length: _____ in.  | Weight at Labor: _____ lbs. _____ oz.   |
| Present Height: _____ ft. _____ in.  | Total Pregnancy Weight Gain: _____ lbs.   |
| *Hemoglobin: _____ g/dl  | Hemoglobin: _____ g/dl  |
| *Hematocrit: _____ %   | Hematocrit: _____ %   |
| Current Medical Conditions: _____<br>_____<br>_____<br>_____<br>_____<br>_____ | Estimated Due Date: _____<br>Actual Delivery Date: _____<br>Current Medical Conditions: _____<br>_____<br>_____ |

\*Not required under 9 months of age.

**Additional Information** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Please Print:** Health Professional's Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***This institution is an equal opportunity provider.***

# WIC Information Form

## Instructions

### Purpose

The purpose of this form is to eliminate duplication of services for the WIC applicant/participant.

### Procedure

1. Provide a copy of the *WIC Information Form* to a **Competent Professional Authority** (CPA) performing routine examinations to WIC applicants/participants in a non-WIC setting. (Examples of CPAs include: physician, physician's assistant, registered nurse, and licensed practical nurse, etc.) (Refer to *WIC Policy and Procedure Manual*, "Certifying Person" policy in Section A, Certification.)
2. Some data submitted by a CPA working in a non-WIC setting can be used during a WIC certification or midpoint wellness check. To be used, the data must have been obtained no more than 60 calendar days prior to the WIC assessment. (See Section A. WIC Assessment Referral Data policy.)
3. All applicable sections of the form should be completed, signed by the health care professional, and dated. One form should be used for each applicant/participant.
4. The completed form is given to the WIC applicant/participant to take to the WIC clinic, and the form is retained in the participant's WIC record.
5. Use of the *WIC Information Form* is not intended to replace the physical presence of WIC participants during certification appointments but as a method of minimizing duplication of services to WIC applicants/participants.
6. Use of the accurately completed WIC Information Form may replace the physical presence of WIC participants during the midpoint wellness checks.

### Routing and Filing

This form should be retained in the participant's WIC record.

**Print as needed.**