What do we do at WIC?

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Regional Breastfeeding Liaison,

Women, Infants & Children (WIC)

Women, Infants, Children to Age 5

Healthy Supplemental Foods

Learner-Centered Education

Monthly Fruit and Vegetable Checks

- $8-10 per person every month
- Certified Farmer's Markets

NEW

Breastfeeding Support

Peer Counseling

Contract Formulas

How to Refer to WIC

State of California—Health and Human Services Agency

California Department of Public Health
California WIC Program

WIC REFERRAL FOR PREGNANT WOMAN

Health Care Provider:
Please provide the information requested below for your patient. This information will be used by our program staff to assess your patient's health status and to provide nutritional counseling. An incomplete referral may delay program benefits to your patient. A completed referral does not guarantee WIC Program benefits since program eligibility requirements must be met.

Patient's name (last, first)	Address (street, city, ZIP)	Telephone number	Birthdate

WOMAN'S CURRENT (PRENATAL)

Height _____ins. ____/____/____ Measurement date

Weight _____lbs.

Hemoglobin _____gm/dl. ____/____/____ Blood test date

and / or

Hematocrit _____%

Est. date confinement ____/____/____

Date last preg. ended ____/____/____

Gravida _____ Para _____

Pregravid weight _____ lbs.

PLEASE INDICATE ANY MEDICAL CONDITIONS AFFECTING THIS WOMAN:

- ❒ Diabetes
- ❒ Hypertension
- ❒ Previous poor pregnancy outcome / history (specify):
- ❒ Multiple Pregnancy
- ❒ Tuberculosis ____+PPD ____INH
- ❒ Other current or historical conditions (specify):

PLEASE LIST ANY CURRENT MEDICATIONS / SUPPLEMENTS PRESCRIBED:

IMPRESSIONS / COMMENTS:

LOCAL WIC AGENCY

Name of physician / health care provider / group / clinic

Telephone Number:

IMPORTANT: Must be signed by health care provider Date

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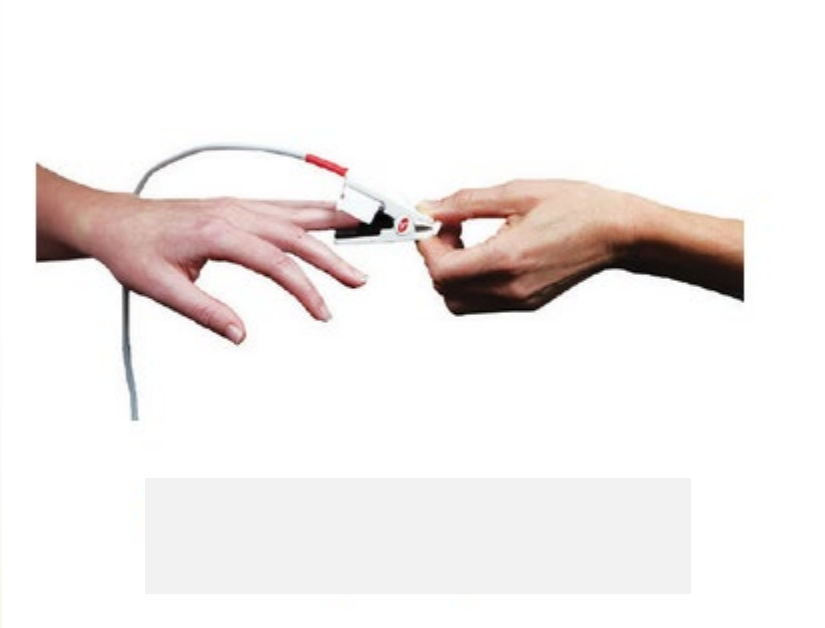
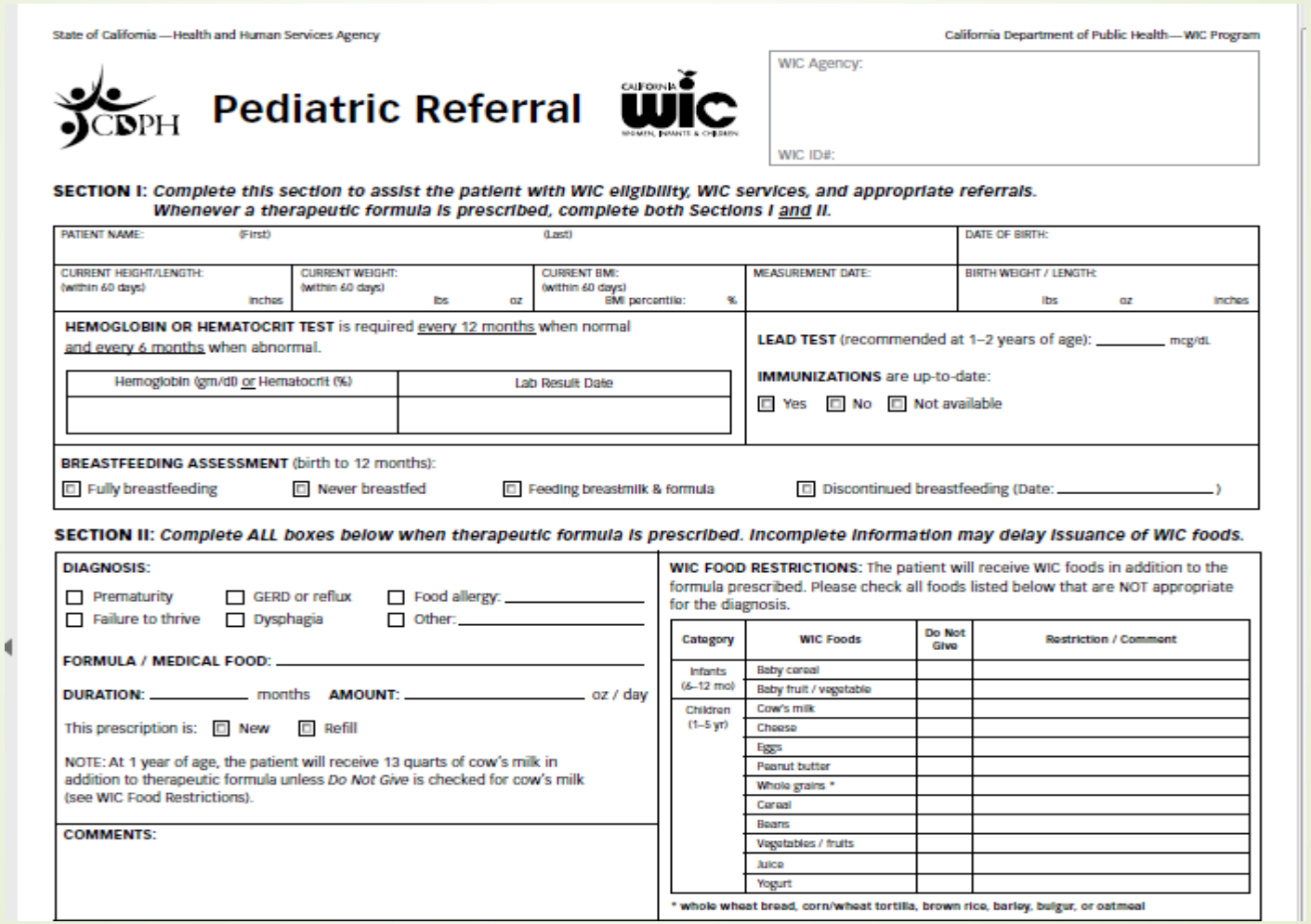
PM 247 (10/09)

Applying is Easy



How to Refer to WIC



State of California — Health and Human Services Agency

California Department of Public Health — WIC Program

CDPH

Pediatric Referral

CALIFORNIA WIC — WOMEN, INFANTS & CHILDREN

WIC Agency:

WIC ID#:

SECTION I: ***Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Sections I and II.***

PATIENT NAME: (First) (Last)				DATE OF BIRTH:
CURRENT HEIGHT/LENGTH: (within 60 days) inches	CURRENT WEIGHT: (within 60 days) lbs oz	CURRENT BMI: (within 60 days) BMI percentile: %	MEASUREMENT DATE:	BIRTH WEIGHT / LENGTH: lbs oz inches

HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal.

Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date

LEAD TEST (recommended at 1–2 years of age): _____ mcg/dL

IMMUNIZATIONS are up-to-date:

☐ Yes ☐ No ☐ Not available

BREASTFEEDING ASSESSMENT (birth to 12 months):

☐ Fully breastfeeding ☐ Never breastfed ☐ Feeding breastmilk & formula ☐ Discontinued breastfeeding (Date: _____)

SECTION II: ***Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.***

DIAGNOSIS:

☐ Prematurity ☐ GERD or reflux ☐ Food allergy: _____

☐ Failure to thrive ☐ Dysphagia ☐ Other: _____

FORMULA / MEDICAL FOOD: _____

DURATION: _____ months **AMOUNT:** _____ oz / day

This prescription is: ☐ New ☐ Refill

NOTE: At 1 year of age, the patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless *Do Not Give* is checked for cow's milk (see WIC Food Restrictions).

COMMENTS:

WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

Category	WIC Foods	Do Not Give	Restriction / Comment
Infants (6–12 mo)	Baby cereal		
	Baby fruit / vegetable		
Children (1–5 yr)	Cow's milk		
	Cheese		
	Eggs		
	Peanut butter		
	Whole grains *		
	Cereal		
	Beans		
	Vegetables / fruits		
	Juice		
	Yogurt		

*** whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal**

Therapeutic Formulas

Prescription Needed

Thank You