

**NEW YORK STATE DEPARTMENT OF HEALTH
DIVISION OF NUTRITION**

**For WIC
Use:**

Date Mailed/ Given	Date Rec'd
Appt Date	WIC ID #

WIC MEDICAL REFERRAL FORM FOR WOMEN

Last Name (Print): _____ First Name: _____
 Street: _____ Apt: _____ City: _____ Zip: _____
 Phone: () _____ - _____ Date of Birth: ____/____/____ On WIC Before: Yes No
 Maiden Name: _____ Language(s) Spoken: _____

I authorize _____ (Health Care Provider) to release the information below to the WIC Program, and I authorize the WIC Program to release information about me to this health care provider for the purposes of coordinating my health care. If I need to transfer to another WIC Program, I authorize the release of this information to the transferring WIC Program. All information is considered confidential.

YOUR SIGNATURE: _____

Health Care Provider: Please complete this section.

PRENATAL OR POSTPARTUM:
 Gravida _____ Para _____ Multi Fetal _____
 Pre gravid Weight _____ pounds **Date:** _____
 EDD ____/____/____
 Prenatal Care Began ____/____/____
 Fetal Weight <10th Percentile for Gestational Age

WEIGHT and HEIGHT must be less than 60 days old on the date of the WIC appointment: ____/____/____
Date Taken: _____
 Current Weight _____ pounds _____/____/____
 Current Height _____ inches _____/____/____

HEMATOLOGY: Date Taken: _____
 Hgb _____ gm/dL OR Hct _____ % _____/____/____
 Blood Lead _____ mcg/dL _____/____/____
 (Optional)
 •Bloodwork must be taken during current pregnancy.
 •Bloodwork must be taken after delivery for Breastfeeding/ Postpartum Women.

BREASTFEEDING/POSTPARTUM: Most Recent Pregnancy
Date of Delivery/(Termination, if any) ____/____/____
 Total Weight Gained _____ pounds Weeks Gestation _____
 Current Infant's Birth Weight _____ lb _____ oz OR _____ kg

SPECIFIC MEDICAL DIAGNOSIS OR NUTRITIONAL/HEALTH RISKS including ICD-9 code

Signature of Health Care Provider	Provider's Name (Please Print):
	Title:
	Medical Office/Clinic:
	Street:
	City: Zip:
	Phone #: Fax #:
	Date: ____/____/____

Send Completed Form To: