

WIC PEDIATRIC REFERRAL

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. **PLEASE NOTE: WIC provides iron-fortified concentrated liquid and powdered formulas ONLY.**

Patient's Name (last, first)	Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Parent/Guardian Name	Address (Street, City, ZIP)	Phone Number
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<b>CURRENT</b>	<b>CURRENT</b> (For patients 6 months or older)	<b>BIRTH DATA</b> (For patients under 12 months)	<b>IF FORMULA WILL BE NECESSARY AFTER AGE 1 YEAR, REASON AND TYPE OF FORMULA MUST BE INDICATED:</b>
Length/height _____ ins.	Hemoglobin _____ gm/dl and/or	Birthweight _____ lbs. Birthlength _____ ins.	Reason: _____
Weight _____ lbs.	Hematocrit _____ %	<input type="checkbox"/> Small for gestational age <input type="checkbox"/> Preterm (less than 37 wks)	Type: _____
Measurement Date _____	Blood Test Date _____		Estimated time needed: _____

PLEASE INDICATE ANY MEDICAL CONDITIONS AFFECTING THIS PATIENT:  
 Food Allergies    Congenital Anomalies    Developmental Disabilities    Severe Dental Problems    Illness, Acute    Illness, Chronic  
 Other (specify): \_\_\_\_\_

PLEASE DESCRIBE ANY OF THE CONDITIONS INDICATED ABOVE. INCLUDE DATES WHEN APPLICABLE: \_\_\_\_\_

PLEASE LIST ANY CURRENT MEDICATIONS/SUPPLEMENTS PRESCRIBED: \_\_\_\_\_

LOCAL WIC AGENCY:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">                     SDSU Foundation WIC Program                      (888) 999-6897                 </div>	Name of Physician/Health Care Provider/Group/Clinic  Phone Number: _____ <b>IMPORTANT: Must Be Signed by Health Care Provider</b>
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**Instructions for filling out the WIC Pediatric Referral Form:**

1. Height and weight information should be obtained within sixty (60)- days of WIC appointment.
2. Hematocrit or hemoglobin values should be obtained within ninety (90) days of the WIC appointment.
3. A blood test is not required for a child whose blood values were within normal range at his/her last WIC appointment. However a child must have blood test results at least once every twelve (12) months. The date of the blood test shall be no more than ninety (90) days prior to the WIC appointment date.
4. The form must have the Physician, Health Care Provider, Group, 'or Clinic address stamped on it and be signed by the Health Care Provider.