Medical Referral Form for Infants and Children

**Massachusetts WIC Nutrition Program**

**Child’s Name: Child’s DOB: HH ID#:**

 I authorize WIC to provide this form to:

for completing medical information and returning to the WIC Program.

*(Name of Health Center / Hospital / Clinician)*

**Parent / Guardian’s Signature: Date:**  / /

**STAFF / CLINICIAN: Please complete the section(s) below and sign. WIC eligibility will depend on this information.**

**Please note all that apply:**

|  |  |
| --- | --- |
| **BLOODWORK**  **Hemoglobin or Hematocrit required Date taken: HGB** gm/dL or / /  **HCT** % / / Lead mcg (optional) / / | |
| **ANTHROPOMETRICS**  Current weight lb oz Current length in  Date: / /  *(must be less than 60 days old on date of WIC appointment)*  Birth weight lb oz Birth length in | |
| **IMMUNIZATIONS**  **WIC staff helps keep infants and children up-to-date with immunizations by reviewing their status in the Massachusetts Immunization Information System (MIIS).** | |
|  | / /  Date |
| **Staff Signature or Stamp Required** |
| Staff Name *(please print)*  - - - - Phone Fax | |

 Repeated GI disturbances

 Infectious disease, specify:  Food allergy or intolerance, specify:

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 Traumatic injury / burns / surgery  Iron deficiency anemia

 Lead poisoning

 Congenital anomaly or developmental delay impairing feeding / utilization of nutrients

 Failure-to-thrive

 Chronic ear / upper resp. infections within last year  Chronic nutrition-related medical condition(s), specify:

 Rx medication(s), specify:  Caregiver with intellectual disability, specify:

Caregiver with depression or other mental health concerns, specify:

Caregiver with substance use disorder, specify: \_

 Prenatal substance exposure

 Other, specify:  Please send a copy of the WIC assessment.

For more information, please call WIC at **1-800-WIC-1007**.

Form #107, Rev. 2022

You can download many of WIC’s forms online at [**www.mass.gov/wic**](http://www.mass.gov/wic)

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