



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: _____
(Name of Health Center / Hospital / Clinician)
for completing medical information and returning to the WIC Program.

Parent / Guardian's Signature: _____ Date: ____/____/____

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

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 helps infants and children keep up to date with immunizations.
Please attach current immunization record.

Please note all that apply:

- Repeated GI disturbances
- Infectious disease, specify: _____
- Food allergy or intolerance, specify: _____
- 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.

Staff Signature or Stamp Required ____/____/____
Date

Staff Name (please print)

_____-_____-_____
Phone ____-____-_____
Fax

For more information, please call WIC at **1-800-WIC-1007**.
You can download many of WIC's forms online at www.mass.gov/wic
This institution is an equal opportunity provider.

