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 staff helps keep infants and children up-to-date with immunizations by reviewing their status in the Massachusetts Immunization Information System (MIIS).

_____ ____/____/____
Staff Signature or Stamp Required Date

_____
Staff Name *(please print)*

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

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.

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.

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