Medical Referral Form for Women and Infants

**Massachusetts WIC Nutrition Program**

**Mother’s Name: Mother’s DOB:**

**Infant’s Name: Infant’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)*

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

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

# FOR PREGNANT WOMEN

EDD / / Pregravid weight lb Current weight lb Height ft in Date / /

Date prenatal care began / /

Gravida Para #TAB #SAB Date of prior delivery / termination, if any: / /

**One blood test required Date taken: HGB** gm/dL or / / **HCT** % / /

For pregnant women, blood must be taken for current pregnancy.

# FOR POSTPARTUM WOMEN

Date of delivery / termination / / Vaginal C/S

Weeks gestation Weight at labor lb Postpartum weight lb Height ft in Date / /

**One blood test required Date taken: HGB** gm/dL or / / **HCT** % / / For postpartum women, blood must be taken after delivery.

# FOR INFANTS

Current weight lb oz length in

Date / /

*(must be less than 60 days old on date of WIC appointment)*

Birth weight lb oz length in

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

**Please note all that apply:**

**Woman**

 Hypertension  Preeclampsia  Eclampsia  Diabetes  Gestational diabetes

 Hyperemesis  Smoking

 Substance use disorder: Eating disorder:

 Chronic asthma

 Iron deficiency anemia  Intellectual disability

 Depression or other mental health concerns, specify:  Please refer to Breastfeeding Support Services

**Infant Feeding Comments:**

**Woman Infant**

 Infectious disease:  Congenital anomaly:  Food allergy or intolerance:  Rx medication(s):  Other medical concerns:

 Prenatal substance exposure

 Please send a copy of the WIC assessment.

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Form #106, Rev. 2022

**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**](http://www.mass.gov/wic)

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