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.

☐ BLOODWORK

Hemoglobin or Hematocrit required

HGB _________ gm/dL or _________/

HCT _________ % _________/

Lead _________ mcg (optional) _________/

Date taken: _________/

☐ 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 _________/

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.