

WIC Referral for Breastfeeding/Non-Breastfeeding Woman and Infant

Mother's Name		Mother's Birthdate	
Baby's Name	Address (Street, City, Zip)	City	Telephone

Health Care Provider: Please complete the following information for your patients from the most recent exam.

<p>Anthropometric Information (After Delivery)</p> <p>Woman Length/Height _____ inches Weight _____ lbs</p> <p>Infant(s) Delivery date ____/____/____</p> <p>Date of exam ____/____/____</p> <p>Sex _____ Birthweight _____ Birthlength _____</p> <p>Sex _____ Birthweight _____ Birthlength _____</p> <p>Biochemical Information (After Delivery)</p> <p>Woman Hemoglobin _____ gm/dl and/or Hematocrit _____ % Date of bloodwork ____/____/____</p>	<p>Clinical Findings (Check all that apply.)</p> <p>Woman</p> <p><input type="checkbox"/> C-section <input type="checkbox"/> Tuberculosis +PPD _____ INH _____</p> <p><input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Other medical conditions _____</p> <p>Infant(s)</p> <p><input type="checkbox"/> Preterm <37 weeks <input type="checkbox"/> Small for gestational age <input type="checkbox"/> Fetal loss <input type="checkbox"/> Stillbirth <input type="checkbox"/> Other medical conditions _____</p>
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Mother's primary language _____

<p>WIC Offices</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;"> <p><u>Vallejo</u> 365 Tuolumne Street Vallejo, CA 94590 553-5381</p> </td> <td style="width: 33%; padding: 5px;"> <p><u>Fairfield/Suisun/Rio Vista</u> 2101 Courage Drive Fairfield, CA 94533 784-2200</p> </td> <td style="width: 33%; padding: 5px;"> <p><u>Vacaville/Dixon</u> 1119 E. Monte Vista Ave. Vacaville, CA 95688 469-4555</p> </td> </tr> </table>	<p><u>Vallejo</u> 365 Tuolumne Street Vallejo, CA 94590 553-5381</p>	<p><u>Fairfield/Suisun/Rio Vista</u> 2101 Courage Drive Fairfield, CA 94533 784-2200</p>	<p><u>Vacaville/Dixon</u> 1119 E. Monte Vista Ave. Vacaville, CA 95688 469-4555</p>	<p>Name of Physician/Health Care Provider/Group/Clinic _____</p> <p>Telephone _____ Date _____</p>
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To apply for WIC, see the back of this form Para aplicar para WIC, mire al otro lado de esta.

Pink

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To get a WIC appointment:

Please mail or bring this completed form to the WIC office near you. The address is on the front of this form. You will be sent a WIC appointment by mail.

NOTE: Do not "drop in" to the doctor's office to have this form completed. You must make an appointment with your doctor to have a physical examination.

Para recibir una cita de WIC:

Por favor traiga esta forma completa a la oficina del WIC más cerca de usted. El domicilio está en frente de esta forma. Le mandamos su cita del WIC por correo.

NOTA: No vaya a la clinica o al doctor sin cita para que le llenen esta forma.

WIC Participants/Participantes de WIC:

If you are on WIC, bring this completed form to your next WIC appointment.

Si Ud. está en WIC, traiga esta forma completa a su cita para ingresar a su infante.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

La ley Federal y la política del Departamento de Agricultura de los Estados Unidos (USDA) prohíben a esta institución de discriminar en base a la raza, color, origen nacional, sexo, edad, incapacidad o discapacidad. Para presentar una queja de discriminación, escriba a: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al (800) 795-3272 (voz) o (202) 720-6382 (TTY). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

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