

WIC REFERRAL FOR PREGNANT WOMEN

Health Care Provider: Please provide the information requested below for your patient. This information will be used by our program staff to assess your patient’s health status and to provide nutritional counseling. An incomplete referral may delay program benefits to your patient. A completed referral does not guarantee WIC Program benefits since program eligibility requirements must be met.

PREFERRED LANGUAGE

NEW TO WIC?
YES NO

Patient’s name (last, first)	Address (street, city, ZIP code)	Telephone number	Birthdate (MM/DD/YY)
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WOMAN’S CURRENT (PRENATAL)

Height _____ ins. Measurement date _____ Weight _____ lbs. _____ Hemoglobin _____ gm/dl. Blood test date _____ and/or Hematocrit _____ % _____	Est. date confinement _____ Date last preg. ended _____ Gravida _____ Para _____ Pregravid weight _____ lbs.
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PLEASE INDICATE ANY MEDICAL CONDITIONS AFFECTING THIS WOMAN:

Diabetes Multiple Pregnancy
 Hypertension Tuberculosis _____ +PPD _____ INH
 Previous poor pregnancy outcome / history (specify): _____

 Other current or historical conditions (specify): _____

PLEASE LIST ANY CURRENT MEDICATIONS / SUPPLEMENTS PRESCRIBED:

IMPRESSIONS/COMMENTS:

Name of physician/health care provider/group/clinic	Telephone number
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LOCAL WIC AGENCY

IMPORTANT: Must be signed by health care provider Date _____

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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Please email completed referral to: wic@sfdph.org .



This institution is an equal opportunity provider.

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