

**GUAM WIC PROGRAM REFERRAL FORM
INFANTS AND CHILDREN UP TO AGE 5**

PRECERT # _____

Date of initial request for WIC services: _____ Date of WIC appointment: _____
 Lab slip provided: Y N Introductory WIC handout provided: Y N WIC staff initial: _____

A. Applicant's Name: _____ Date of birth: _____
 Date referred to WIC: _____ Referred by: _____ Agency: _____

Immunizations are complete for child's age: YES NO (circle one)

B. Note: All data must be less than 60 days old at WIC appointment date.

Date data taken:	Height in inches:	Weight in pounds and ounces:	Date test:	Hgb or Hct:
Date of Birth:	Birth Weight:	Birth Length:	Breast feeding now?	Was infant/child ever breast fed? Y N
			YES NO	# MONTHS BF _____

C. DIAGNOSED NUTRITION RELATED HEALTH PROBLEMS:

- _____ Anemia
- _____ Nutritional deficiency disease (specify) _____
- _____ Gastrointestinal Disorder (specify) _____
- _____ Diabetes mellitus
- _____ Gestational Diabetes
- _____ Thyroid Disorder (specify) _____
- _____ Chronic Hypertension
- _____ Renal Disease (not infections) (specify) _____
- _____ Cancer (specify) _____
- _____ CNS Disorder (specify) _____
- _____ Genetic or Congenital Disorders (specify) _____
- _____ HIV or AIDS
- _____ Recent Major Surgery (specify) _____
- _____ Food Allergy (specify) _____
- _____ Lactose intolerance (specify extent) _____
- _____ Premature birth
- _____ Low birth weight (2,500 g or 5 lbs. 8 oz.)
- _____ Small for gestational age (<10th percentile)
- _____ Short stature (<5th percentile)
- _____ Underweight (<5th percentile)
- _____ Low head circumference (5th percentile)
- _____ Overweight (>95th percentile)
- _____ Slow growth (<3rd percentile)
- _____ Failure to thrive
- _____ Hypoglycemia
- _____ Lead poisoning
- _____ Pica (specify) _____
- _____ Food insecurity (specify) _____
- _____ Child of mentally retarded parent
- _____ Child abuse or neglect
- _____ Maternal depression
- _____ Other medical conditions (juvenile rheumatoid arthritis, lupus, and cardiorespiratory disorders)

Signature of referring medical professional: _____ Date: _____

NOTE: The WIC program operates according to the USDA policy which prohibits discrimination on the basis of race, color, sex, age, religion, handicap, or national origin. Any person who thinks that they have been discriminated against should write directly to Administrator, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, Virginia 22302.

The WIC program may be contacted at the following locations: Mangilao 735-7180, Dededo 635-7471, Tiyan 475-0295, Santa Rita 565-3537. WIC program administrative offices may be reached at 475-0290.