



MAINE CDC WIC NUTRITION PROGRAM
Request for Information for INFANTS and CHILDREN

Return this form to:

To: _____ Fax: _____

Child's Name: _____ DOB: _____ WIC Clinic: _____

Parent/Guardian's Name: _____

Please complete the following information, which may be used to determine eligibility for the WIC Nutrition Program

Hgb/Hct _____ Date Taken _____ Lead Level _____ Date Taken _____

If child is unable to be present at WIC appointments, please list reasons here and provide most recent measurements below:

<input type="checkbox"/> Please provide most recent measurements for this child:			
Length/Height:	Weight:	Date taken:	Notes:
Length/Height:	Weight:	Date taken:	Notes:

Check all current medical conditions that may affect infant/child's nutrition status:	
<input type="checkbox"/> Bronchiolitis (3 episodes in past 6 months)	<input type="checkbox"/> FAS/FASD
<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> Substance Exposure in Utero (specify):
<input type="checkbox"/> Failure to Thrive (specify underlying medical condition):	<input type="checkbox"/> GI Disorder (specify):
<input type="checkbox"/> Food Allergies (specify):	<input type="checkbox"/> Heart Disease (specify):
<input type="checkbox"/> Low Head Circumference	<input type="checkbox"/> Persistent Asthma requiring daily medication
<input type="checkbox"/> Recent surgery (specify type and date):	<input type="checkbox"/> Small for Gestational Age
<input type="checkbox"/> Other (specify any other conditions which may potentially affect nutrition status):	

Current Prescribed and OTC Medications:

Provider's Signature: _____ Date: _____

My consent to authorize the release of this information is effective for _____ months (not to exceed 12 months).

- The WIC program may request information from my provider about information above.
- I understand that I can cancel this authorization at any time by notifying my local WIC office.
- I am entitled to a copy of this form.

Signed: _____ Date: _____
 Parent/Guardian

Signed: _____ Date: _____
 WIC Program Representative