

TENNESSEE DEPARTMENT OF HEALTH WIC (WOMEN, INFANTS AND CHILDREN) PROGRAM REFERRAL TO BE COMPLETED BY HEALTH CARE PROVIDER

To receive WIC Program benefits, applicants must be determined to have a medical or nutritional risk. The WIC assessment includes current anthropometric measures and periodic blood screening. Measures for pregnant, breastfeeding and non-breastfeeding postpartum women must be taken when participants are in these categories. Infants and children are certified for one year and measures are required at each certification and at mid-certification (6 months after date of certification). Hemoglobin or hematocrit for children is required at 9-12 months, 15-18 months, and then yearly if normal range or at 6 months intervals if lower than WIC's protocol. Hemoglobin or hematocrit for women is required at prenatal and postpartum certification.

Please provide the information indicated below to assist us in assessing your patient for WIC.

NAME:	_DATE OF BIRTH:
HEIGHT OR LENGTH:	_WEIGHT:
HEMATOCRIT OR HEMOGLOBIN:	_DATE OF MEASURES:
ESTIMATED DATE OF DELIVERY (if pregnant)	<u> </u>
PHYSICIAN'S SIGNATURE:	
Health Care Provider Contact Information	
Name:	
Address:	
Phone Number:	

<u>PATIENT MUST TAKE THIS REFERRAL FORM TO THE LOCAL HEALTH DEPARTMENT WITHIN 60 DAYS OF THE</u> DATE MEASURES WERE TAKEN.

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