To be filled out by health care provider.

Patient Referral to WIC

For Pregnant, Postpartum, and Breastfeeding Women

PATIENT INFORMATION

Name: _____

Birthdate: _____ Medicaid No. (if applicable): _____

CLINICAL INFORMATION

Hct/Hgb: _____ Date Obtained: _____

Height: _____ Weight: _____ Date Obtained: _____

PREGNANT WOMEN ONLY

Date LMP: _____ EDC: _____ Pre-Pregancy Weight: _____

MEDICAL CONDITIONS (This patient's medical record includes documentation of the following medical conditions. Please check.)

❑ Food allergy (please explain): _____

❑ Medical condition requiring a special diet (please explain): _____

_____

❑ Other medical/nutritional conditions (please explain): _____

_____

HEALTH CARE PROVIDER (Stamp acceptable)

Signature and Title: _____

Clinic: _____

Phone: _____ Date: _____

To be filled out by WIC clinic staff and returned to the health care provider.

Special Supplemental Nutrition Program for Women, Infants and Children

Notice to Health Care Professional

THE PATIENT YOU REFERRED TO WIC:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

WAS SEEN AT:

Local WIC Clinic: _____

Date of Visit: _____ Phone: _____ Fax: _____

Name of WIC Clinic Staff: _____

NUTRITION COUNSELING RECEIVED AT WIC:

_____

Texas Department of Health • Bureau of Nutrition Services

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC is a nutrition program for pregnant, breastfeeding, and postpartum women, infants, and children (younger than 5) who have limited income. The program provides free nutrition counseling, breastfeeding support, and encouragement for regular medical care. The program also provides healthy foods such as milk, cheese, juice, and eggs for mothers and children, and infant formula for babies who are not breastfed. Pregnant and postpartum women, infants, and children on Medicaid are automatically income-eligible for WIC.

Our goal is to create mutually beneficial, reciprocal relationships with doctors. We want to make it easier for eligible mothers and children to receive WIC services. One way to accomplish this is to not repeat your medical screens. When your office conducts a medical screen on a patient, please ask your staff to fill in the blanks on the reverse side of this card. It can be signed or stamped with your signature and given to your patient to take to the nearest WIC clinic. Your patients will benefit from WIC's free nutrition counseling and breastfeeding support. WIC will keep you up to date on the progress of your patient by sending you an update on your patient's WIC status. WIC will encourage your patients to return to you for regular medical care. WIC will also refer clients who do not have a primary-care physician to doctors participating in this endeavor. *Thank you.*

Questions? Call 1-800-942-3678
or look in your phone book for the clinic nearest you.

WIC GROWING HEALTHY FAMILIES.

Special Supplemental Nutrition Program for Women, Infants & Children

3/96

TDH

WIC is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or disability, immediately call the State WIC office at 1-800-WIC-FORU (1-800-942-3678).

_____
Local WIC Clinic

_____
Address

_____
City State Zip

Place
Postage
Here