

To be filled out by health care provider.

**PATIENT REFERRAL TO WIC**  
FOR INFANT OR CHILD (YOUNGER THAN 5 YEARS)

**PATIENT INFORMATION**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Medicaid No. (if applicable): \_\_\_\_\_

**CLINICAL INFORMATION**

Completed as part of an EPSDT screen?

Hct/Hgb: \_\_\_\_\_ Date Obtained: \_\_\_\_\_  yes  no

Height/Length: \_\_\_\_\_ Weight: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Are the infant's/child's immunizations up to date?  yes  no

**INFANT ONLY**

Birth Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. Birth Length: \_\_\_\_\_

**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/nutrition conditions (please explain): \_\_\_\_\_

Formula needed (other than Similac® with Iron or Isomil®): \_\_\_\_\_

Length of time needed: \_\_\_\_\_

**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: \_\_\_\_\_

Parent or Guardian (if minor): \_\_\_\_\_

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.



Special Supplemental Nutrition Program  
for Women, Infants & Children

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).

3/96



Local WIC Clinic

Address

City State Zip

Place  
Postage  
Here