

WIC Program Referral Form

(Women) Rev. 07/22

Please enter below all the data available. This will expedite the establishment of an appointment for determining WIC program eligibility.

A. Applicant's Name: _____ Date of birth: _____ Date of referral to WIC _____

Person making referral: _____

B. Screening Data:

PREGNANT WOMEN (measurements and lab test data must be no more than 60 days old at the time of the eligibility screening)

Date of measurements:	Height in inches (no shoes):	Weight in pounds & ounces:		Date test done:
				Hgb. or Hct. value:
EDC:	Pre-pregnant weight:	Date last pregnancy ended:	Number of pregnancies including this one:	Hx. poor pregnancy outcome(s)? Yes/No If yes, dates:

POST PARTUM WOMEN:

Date of measurements:	Height in inches (no shoes):	Weight in pounds & ounces:		Date test done:
				Hgb. or Hct.:
Date this pregnancy ended:	Number of live births including this one:	Hx. poor pregnancy outcome(s)? Yes/No If yes, dates:	This pregnancy only: Multiple birth: 2, 3, 4, 5	
			Infant(s) condition:	

C. Diagnosed Nutrition Related Problems (check all that apply):

- Anemia
- Nutrient deficiency disease (specify) _____
- Gastrointestinal disorder (specify) _____
- Diabetes mellitus
- Gestational diabetes
- Thyroid disorder (specify) _____
- Chronic hypertension
- Renal disease (specify) _____
- Cancer (specify) _____
- CNS disorder (specify) _____
- Genetic or congenital disorders (specify) _____
- HIV or AIDS
- Recent major surgery (specify) _____
- Food allergy (specify) _____
- Lactose intolerance
- Hx. of preterm infant (date) _____
- Hx. of low birth weight infant (date) _____
- Hx. of infant birth with defect (specify) _____
- Fetal growth restriction
- Pica (specify) _____
- Maternal Depression (specify) _____
- Alcohol or illegal drug use (specify) _____
- Prescribed medication (specify) _____
- Smoking (amount/day) _____
- Other nutrition related health problems (specify) _____

COMMENTS: _____

Signature of referring medical professional: _____

Date: _____

WIC REFERRAL FORM INSTRUCTIONS

(for Women)

SECTION A: Enter the information requested to identify the person being referred to the WIC program.

SECTION B: Any values or lab test results that are current (within 60 days before the eligibility determination appointment) and related to the person's nutritional health will be helpful in determining the referred person's eligibility for WIC. Hematocrit and/or Hemoglobin values are required for eligibility determination on the day of the eligibility screening appointment. Therefore, their inclusion, if available and timely, will expedite the eligibility screening process.

SECTION C: Indicate any diagnosed nutrition related problems that the WIC applicant may have which will contribute to the person's eligibility determination and for which our WIC Registered Nutrition staff can assist through individual counseling.

SIGNATURE OF REFERRING MEDICAL PROFESSIONAL:

The Medical Professional's signature validates the lab test data, diagnoses, and anthropometric measurements reported. None of the medical information or data entered is valid unless this section is signed by a medical professional.

NOTE: A referral may be made by a non-medical professional without any medical data or information provided. If lab test results or other medical reports exist, a copy of the report may be attached to the referral form although not required.

Call the nearest WIC site:

Dededo	(671) 635-7473/71/72	FAX: (671) 635-7476
Tiyan	(671) 475-0294/95/96	FAX: (671) 477-7949
Santa Rita	(671) 565-3537	FAX: (671) 565-3536
Inarajan	(671) 828-7550	FAX: None at this time

or the WIC Nutrition Service Coordinator at (671) 475-0288 if you have any questions.

E-mail: guamwic@dphss.guam.gov

Guam WIC website: <https://dphss.guam.gov/woman-infants-infants-wic-program>



<https://www.facebook.com/GuamWICProgram>



<https://www.instagram.com/guamwicprogram/>

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