



Referral Form for DC WIC

Please complete all sections

1 – Participant’s Name: _____

2 – Date of Birth: _____

3 – Medical Information

Date of Anthropometric Measurements: _____

Weight:

_____ lbs. _____ oz. _____ kg. _____ g.

Length / Height:

_____ ft. _____ in. _____ cm. _____ mm. (Recumbent? Y - / N -)

Date of Bloodwork Measurements: _____

Hgb: _____ g/dl Hct: _____ %

Date of expected delivery (if pregnant): _____

4 – Physical Presence Exceptions (if applicable)

It is the policy of DC WIC that applicants are physically present to determine eligibility. Exceptions can be made for persons with permanent or temporary disabilities that make it difficult to attend the WIC appointment. Please check an exception below if the applicant meets any of the following exceptions and cannot present in the clinic:

- 1: A condition that requires medical equipment that is not easily transportable
- 2: A medical condition that requires confinement to bed (including bed rest)
- 3: A serious illness that may be worsened by coming to the clinic
- 4: A serious or contagious illness

NOTE: While the above exceptions apply for physical presence, height and weight are required to determine WIC eligibility. Please provide height and weight from within 60 days and, if available, bloodwork data from within 90 days. **Caregivers must bring the absent infant/child into the clinic within 30 days of initial certification.**

5 – Provider’s Information

Provider’s Name: _____ Phone Number: _____

Provider’s Signature: _____ Today’s Date: _____



This institution is an equal opportunity provider.

Revised January 2020