



Rhode Island Department of Health WIC Program Medical Information Form for Infants & Children

Note to Health Care Provider:

Please print out this form, complete it and give it back to your patient to return to WIC

A. Patient Information	
Patient Name:	Date of Birth:
Parent/Guardian Name:	

B. All Infants/Children	Infants/Children < Age 2 y
*Measurements taken within past 60 days	Birth Weight:
*Date Obtained:	Birth Length:
*Weight:	Gestational age at birth: ____ weeks
*Length/Height:	DtaP Immunizations Up to Date? Yes ____ No ____ Total # of DtaP's given to date: ____

C. Laboratory Results	
<p>**Blood work is required once between 9-12 months and again between 12-18 months, then once annually. If at any point the results are < 11.1 gm/dl Hgb or < 33% Hct, new blood work is required every 6 months until results are within normal limits.</p>	
**Hgb (gm/dl) or Hct (%):	Lab Result Date:
Lead Test (mcg/dl):	Lab Result Date:

D. Health/Medical Concerns (Please Describe)

E. Patient's Health Care Provider	
Provider Name:	
Signature:	Date:
Address:	Phone: