



**UNFHCC - ERIE COUNTY WIC PROGRAM**  
**WIC MEDICAL REFERRAL ASSESSMENT FORM**  
**INFANTS AND CHILDREN**

<b>I. GENERAL INFORMATION:</b>  Name _____ DOB ____/____/____ Address _____ Apt. # _____ City/Town _____ ZIP _____ Telephone _____ Endorser _____  FAMILY ID# _____	NEW _____ RECERT _____ CLINIC NUMBER 18- _____ FORM DUE BY _____  <b>To certify you must bring the following to your appointment:</b> <ul style="list-style-type: none"> <li>• The person to be certified</li> <li>• Proof of income for the entire household</li> <li>• Proof of your current address</li> <li>• Identification</li> </ul>
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**II. MEDICAL PROVIDER USE ONLY ALL information ONLY VALID for 30 days**

*Measurements and blood test results must be filled in by a health care professional, i.e. Doctor, PA, CRNP, Nurse, Medical Records Clerk.*

Measurement Date: \_\_\_\_\_

Present Weight: \_\_\_\_\_ Present Height: \_\_\_\_\_ Head Circ. \_\_\_\_\_  
(For infants up to and including 12 months)

Blood Test Date: \_\_\_\_\_ Hgb \_\_\_\_\_ or HCT \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date \_\_\_\_\_

**Infants and children up to 24 months**

Birth Weight \_\_\_\_\_

Birth Length \_\_\_\_\_

Head Circ. \_\_\_\_\_

Gestational Age \_\_\_\_\_

*For special formulas please contact the WIC Office for a prescription form (see locations & telephone numbers below).*

Please list any special needs (Medical, Health, or Nutrition related problems) which may be considered in determining applicant's eligibility.

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**Antibiotics (please record any in the past 6 months)**

Date _____	Medication _____	#Days _____
Date _____	Medication _____	#Days _____
Date _____	Medication _____	#Days _____
Date _____	Medication _____	#Days _____

**Lead Screening Results**

Date \_\_\_\_\_ Lab results \_\_\_\_\_ mcg/dl

Immunizations up to date? Yes No

**III. WIC OFFICE USE ONLY**

**Nutrition Risk Identification:**

RISK	DOCUMENTATION
_____	_____
_____	_____
_____	_____
_____	_____

Booker T. Washington Center 1720 Holland St. (814) 453-5747 FAX 456-8865	Mini Mall WIC Office 556 West 4 <sup>th</sup> St. (814) 459-1948 FAX 459-3063	John F. Kennedy Center 2021 East 20 <sup>th</sup> St. (814) 899-1734 FAX 899-1679	Girard WIC Office 139 East Main St. (814) 774-8787 FAX 774-5410	MHEDS 2928 Peach St. (814) 453-6229 FAX 456-3731	Union City Family Center 130 North Main St. (814) 438-9207 FAX 438-7613
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