

Georgia WIC Referral Form

Referrals for Breastfeeding Support and WIC Services

Patient's First & Last Name: _____ Date of Birth (MM/DD/YY): _____

(For Infants/Children) Parent/Caregiver's First & Last Name: _____

Clinic/Hospital/Medical Office Name: _____ Street Address: _____ City: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____	To locate your County Health Department, please visit www.WIC.GA.GOV (select "Clinic Listing") OR call 1-800-228-9173
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Infants/Children Referral Data: (Complete Applicable Information)

Length/Ht: _____ in. Wt: _____ lbs. _____ oz. Date: _____ (Valid within 60 days of measurement) Hgb/Hct: _____ Date: _____ (Valid within 90 days of measurement)

Birth weight: _____ lbs. _____ oz. Birth Length: _____ in. If premature, weeks gestation at birth: _____

Breastfeeding?: Yes No

Referral data provided by: (signature) _____ Date: _____

Women Referral Data: (Complete Applicable Information)

Length/Ht: _____ in. Wt: _____ lbs. _____ oz. Date: _____ (Valid within 60 days of measurement) Hgb/Hct: _____ Date: _____ (Valid within 90 days of measurement)

EDC: _____ Last Wt Prior to Pregnancy: _____ lbs. Multiple Gestation?: Yes No

Delivery Date: _____ Last Wt Prior to Delivery: _____ lbs. Breastfeeding?: Yes No

If Currently Breastfeeding: Exclusively Partially Unknown Breastfeeding follow-up needed: Yes No

Mother/baby separation Latch-on issues Milk supply concerns Other _____

Additional Comments/Details _____

Referral data provided by: (signature) _____ Date: _____

Instructions & Resources for Use of This Form:

- This form is intended for use as...
- A medical data referral form for infants, children and women for the Georgia WIC Program
 - A breastfeeding support referral form for the Georgia WIC Program
 - A proof of identification for hospitalized newborn infants

To prescribe a special formula or medical food for an infant, child, or woman please refer to Georgia WIC Form #1 (*Medical Documentation Form for WIC Special Formulas and WIC Foods*). This form can be found at www.WIC.GA.GOV (select "Health Care Provider Information").

We appreciate your cooperation and partnership in serving the Georgia WIC population.

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