



Georgia Special Supplemental Nutrition Program
for Women, Infants, and Children (WIC)



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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: _____	To locate your County Health Department, please visit www.WIC.GA.GOV (select "Clinic Listing") OR call 1-800-228-9173
Street Address: _____	
City: _____	
Zip Code: _____	
Phone Number: _____	
Fax Number: _____	

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.

This institution is an equal opportunity provider.