

Georgia WIC Referral Form (Form #2)



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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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Revised August 2014

