Georgia WIC Referral Form

Referrals for Breastfeeding Support and WIC Services

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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

Infants/Children Referral Data: (*Complete Applicable Information*)

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

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

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(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

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Revised 9/2016