NEW JERSEY WIC HEALTH CARE REFERRAL
FOR

☐ **INFANT (Under 1 Year)** ☐ **CHILD (1 to 5 Years)**

(Please attach updated Immunization Record.)

Name of Child	Birthdate of Child / /
Name of Parent/Guardian	Telephone Number
Address	

Women, infants and children MUST be present at every WIC certification appointment.
Bring:
- Proof of your family's income
- Proof of where you live
- Proof of ID for every person
- Health care referral form filled out
- Immunization records of infant/child

CALL for an appointment with WIC office checked:
(Healthcare provider: Check WIC office for patient.)

- ☐ Burlington County 609-267-4304
- ☐ Children's Home Society of NJ 609-498-7755
- ☐ East Orange 973-395-8960 (8963)
- ☐ Gloucester County 856-218-4116
- ☐ Jersey City 201-547-6842
- ☐ Newark 973-733-7628
- ☐ North Hudson 201-866-4700
- ☐ NORWESCAP 908-454-1210
- ☐ Ocean County 732-341-9700 X 7520
- ☐ Passaic 973-365-5620
- ☐ Plainfield 908-753-3397
- ☐ Rutgers 973-972-3416
- ☐ St. Joseph 973-754-4575/4730
- ☐ TriCounty/Gateway CAP
  Main Office: 856-451-5600
  Atlantic Office: 609-246-7767
  Camden Office: 856-225-5050
- ☐ Trinitas 908-994-5141
- ☐ VNA 732-471-9301

OR

STATEWIDE 1-800-328-3838 (24 Hrs.)

ANTHROPOMETRIC AND LABORATORY DATA

- Current height and weight measurements are needed for all infants and children.
- Height and weight measurements must be taken ≤30 days prior to WIC appointment.
- At least ONE blood test of Hemoglobin, Hematocrit or Erythrocyte Protoporphyrin (EP) is needed to determine nutritional risk of infants and children OVER 9 MONTHS of age.
- The blood test must be taken ≤90 days prior to WIC appointment.

Blood Test Date / /	Hemoglobin gm/dl	Hematocrit %	EP µg/dl	Screened for Lead? ☐Yes ☐No µg/dl

Date of Ht./Wt. Measurement / /	Height or Length inches	Weight lbs. ozs.

COMPLETE THIS SECTION FOR *FIRST TIME* WIC APPLICANTS ONLY

Birth Weight lbs. ozs.	Birth Length inches	Premature? ☐Yes ☐No	If Yes, Gestational Age at Birth: weeks

MEDICAL HISTORY

Check all of the following which apply and give a brief explanation:

Explanation

- ☐ Metabolic disorder, congenital anomalies or other medical problem
- ☐ Hx of severe diarrhea, steatorrhea, vomiting, malabsorption (3 times during past year or 1 time in past 6 months requiring hospitalization)
- ☐ Major surgery (within past 6 months)
- ☐ Excessive dental carries/baby bottle tooth decay
- ☐ Maternal prenatal conditions (e.g., prenatal anemia, multiple birth, inadequate prenatal weight gain)
- ☐ Social or environmental condition which may compromise adequacy of diet
- ☐ Vitamin/mineral supplement or medicine prescription
- ☐ Other pertinent health or medical data

AUTHORIZATION RELEASE

I, the undersigned, give permission to my provider to give the WIC Program any required medical information.

Signature of Parent/Guardian	
Insurance Carrier and Member ID Number	
Signature of Physician or Health Professional	Date
Name and Address of Physician or Clinic (Print or Stamp) Telephone Number:	

NEW JERSEY WIC HEALTH CARE REFERRAL

FOR

- ☐ **PREGNANT WOMAN**
- ☐ **BREASTFEEDING WOMAN (Up to 1 Year Postpartum)**
- ☐ **NON-BREASTFEEDING WOMAN (Up to 6 Months Postpartum)**

Name	Birthdate / /
Address	Telephone Number

Women, infants and children MUST be present at every WIC certification appointment.
Bring:
- Proof of your family's income
- Proof of where you live
- Proof of ID for every person
- Health care referral form filled out
- Immunization records of infant/child

CALL for an appointment with WIC office checked:
(Healthcare provider: Check WIC office for patient.)

- ☐ Burlington County 609-267-4304
- ☐ Children's Home Society of NJ 609-498-7755
- ☐ East Orange 973-395-8960 (8963)
- ☐ Gloucester County 856-218-4116
- ☐ Jersey City 201-547-6842
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- ☐ Passaic 973-365-5620
- ☐ Plainfield 908-753-3397
- ☐ Rutgers 973-972-3416
- ☐ St. Joseph 973-754-4575/4730
- ☐ TriCounty/Gateway CAP
  Main Office: 856-451-5600
  Atlantic Office: 609-246-7767
  Camden Office: 856-225-5050
- ☐ Trinitas 908-994-5141
- ☐ VNA 732-471-9301

OR

STATEWIDE 1-800-328-3838 (24 Hrs.)

ANTHROPOMETRIC AND LABORATORY DATA

- Height and weight measurements must be taken ≤30 days prior to WIC appointment.
- At least ONE blood test of Hemoglobin, Hematocrit or Erythrocyte Protoporphyrin (EP) is needed to determine nutritional risk of all women. The blood test must be taken <90 days prior to WIC appointment.
- PREGNANT WOMEN need blood test which was done during pregnancy.
- POSTPARTUM WOMEN (breastfeeding and non-breastfeeding) need blood test which was done after delivery.

Blood Test Date / /	Hemoglobin gm/dl	Hematocrit %	EP µg/dl	Lead (if available)	Other

Height inches	Pre-Pregnancy Weight lbs.

	# Wks. Gest.	Measurement Date / /	Weight lbs.	Blood Pressure / mm/Hg
FIRST PRENATAL CHECK-UP				
MOST RECENT CHECK-UP				

MEDICAL HISTORY

Delivery Date / / ☐Estimated ☐Actual	Woman's Weight Just Prior to Delivery lbs.	# Weeks Gestation at Delivery

Date Last Pregnancy Ended / /	No. Previous Pregnancies	No. Previous Live Births

Check all of the following which apply and give a brief explanation:

	Explanation
☐ Hx of low birth weight infant(s) (≤5.5 lbs.)	
☐ Hx of premature infant(s) (≤37 weeks gestation)	
☐ Hx of infant(s) ≥9 lbs at birth	
☐ Hx of miscarriage(s)/stillbirth(s)/abortion(s)	
☐ Hx of or planned C-section	
☐ Multiple pregnancy or recent multiple birth	
☐ Medical problems (e.g. Diabetes, Hypertension, Preeclampsia, Eclampsia)	
☐ Disability which may compromise adequacy of diet	
☐ Social or environmental condition which may compromise adequacy of diet	
☐ Substance use (e.g. alcohol, drugs, cigarettes, pica)	
☐ Vitamin/mineral supplement or medicine prescription	
☐ Special formula prescription and medical reason for its necessity	
☐ Other pertinent health/medical data	

AUTHORIZATION RELEASE

I, the undersigned, give permission to my provider to give the WIC Program any required medical information.

Signature of Patient Being Referred	Insurance Carrier and Member ID Number

Signature of Physician or Health Professional	Date

Name and Address of Physician or Clinic (Print or Stamp)

Telephone Number: