

## Pediatric Referral



WIC Agency:		
WIC ID#:		

**SECTION I:** Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Sections I and II.

Whenever a thera	peutic formula	a is prescribe	d, complete bo	oth Section	ns I <u>and</u> II.				
PATIENT NAME: (First)	NT NAME: (First) (Last)		DATE OF BIRTH:						
I	CURRENT WEIGHT: within 60 days)				MEASUREMENT DATE:		BIRTH WEIGHT / LENGTH:		
inches	within 60 days)			ntile: %			Ibs	OZ	inches
HEMOGLOBIN OR HEMATOCRIT T	FST is required e	very 12 months	when normal						
and every 6 months when abnorma		very 12 monuis	Wilch Horman		LEAD TEST (recommer	nded at 1-	-2 years of age): _	mcg	/dL
und every o mondre									
Hemoglobin (gm/dl) <u>or</u> Hematocrit (%) Lab Result Date				IMMUNIZATIONS are up-to-date:					
			Yes No	Not availal	ble				
BREASTFEEDING ASSESSMENT (b	irth to 12 months	s):							
Fully breastfeeding	Never breastfed	. □ <b>.</b>	eeding breastmilk &	formula	Discontinued	hreastfeer	ding (Date:		,
Tany breastreeding	j Never Breastrea	· .	county broudenink d	- Torrida	Discontinued	bicasticct	ung (Dute:		
SECTION II: Complete ALL bo.	xes below wh	en therapeut	ic formula is p	rescribed.	Incomplete informa	tion ma	y delay issuan	ice of WIC	foods.
DIAGNOSIS:				WIC FOOD	RESTRICTIONS: The part	tient will r	receive WIC foods	in addition to	o the
□ Dramaturity □ CERD or	formula prescribed. Please check all foods listed below that are NOT appropriate								
Prematurity GERD or	_	ood allergy:		for the diag	gnosis.				
Failure to thrive Dysphag	gia 📋 O	ther:		Category	WIC Foods	Do Not	Restrictio	n / Comment	
FORMULA / MEDICAL FOOD:						Give			
				Infants (6–12 mo)	Baby cereal				
DURATION: months	AMOUNT:		oz / day		Baby fruit / vegetable				
This prescription is: New	Refill			Children (1–5 yr)	Cow's milk Cheese				
This prescription is New	_ iveiiii			` ',	Eggs				
NOTE: At 1 year of age, the patient v	will receive 13 qua	arts of cow's mill	c in		Peanut butter				
addition to therapeutic formula unle	ess Do Not Give is	checked for cow	r's milk		Whole grains *				
(see WIC Food Restrictions).					Cereal				
OOMMENTO:					Beans				
COMMENTS:				Vegetables / fruits					
				Juice					
				Yogurt					
					at bread, corn/wheat tortilla	, brown rice	e, barley, bulgur, or o	atmeal	
HEALTH COVERAGE: Refer pa WIC only provides these products						ıla or m	edical food.		
Provide patient's health insurance in	insurance information: Check action taken:			If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:					
						w unat ap	opiy.		
Private insurance:		Submitt	ed justification	_	rmula samples				
Medi-Cal managed care:		to healt	•		d to Medi-Cal				
Other:			•	Referre	d to WIC				
				QUESTION	<b>S</b> : Call 1-888-942-9675 o	r 1-800-8	52-5770.		
Regular Medi-Cal (fee-for-service): Yes No Submitted justification to pharmacist			Health Professionals: Go to <a href="https://www.wicworks.ca.gov">www.wicworks.ca.gov</a> ; click <a href="https://www.wicworks.ca.gov">Health Care Professionals</a> ; then click <a href="https://www.wicworks.ca.gov">WIC contacts for MDs</a> .						
		-							
COMMENTS:									
HEALTH PROFESSIONAL NAME	НЕ	HEALTH PROFESSIONAL SIGNATURE			MEDICAL OFFICE / CLINIC N	IAME AND L	OCATION OR OFFICE	STAMP	
DUONE NUMBER									
PHONE NUMBER			TODAY'S DATE						

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