State of California - Health and Human Services Agency



Pediatric Referral

	California Department of Public Health
WIC Agency:	
WIC ID #:	

SECTION I: Complete this section to assist patient with WIC eligibility, WIC services, and appropriate referrals.

Whenever a therapeutic formula is prescribed, complete Sections I and II (download from www.wicworks.ca.gov).

	PATIENT NAME (First) (Last)		DATE OF BIRTH:	
CURRENT HEIGHT/LENGTH (within 60 days)	CURRENT WEIGHT (within 60 days)	MEASUREMENT DATE	BIRTH WEIGHT/LENGTH:	
inches	lb oz		lb oz / inche	
BLOOD TESTS: required annually & HEMOGLOBIN (gm/dl) or HEMATOCRI	LAB RESULTS DATE	BREASTFEEDING Fully breastfeeding	ASSESSMENT (birth to 12 months): Never breastfed	
LEAD TEST (recommended at 1-2 year Lead test is abnormal (≥10 mcg/dL); re IMMUNIZATIONS (up-to-date): COMMENTS:			R CHILD: To substitute soy milk & tofu for e, check or write a condition below:	
HEALTH PROFESSIONAL NAME		MEDICAL OFFICE	CLINIC NAME AND LOCATION OR OFFICE STAMP	
			INLESIONE STATES SERVICE VALUE AND ESSATISM SIX STATES STATES	
PHONE NUMBER	TODAY'S DATE			
Prematurity Failure to thrive Dysphagia Other: Other: DVRATION: months AMOUNT: oz / day NOTE: 13 quarts of cow's milk will be issued to a child, as well as therapeutic formulunless No cow's milk is checked under WIC Food Restrictions.		<u> </u>	· -	
DURATION: months NOTE: 13 quarts of cow's milk will be issu	AMOUNT: oz / day	No peanut but No whole grain	ns * No juice	
DURATION: months NOTE: 13 quarts of cow's milk will be issuunless No cow's milk is checked under Willer with the coverage. HEALTH COVERAGE: Refer patien	AMOUNT: oz / day med to a child, as well as therapeutic formula in Food Restrictions. met to health plan or Medi-Cal for me	No cow's milk No cheese No eggs No peanut but No whole grain * whole wheat bread,	No breakfast cereals No vegetables ter No fruits No juice corn/wheat tortilla, brown rice, barley, bulgur, or oatme	
DURATION: months NOTE: 13 quarts of cow's milk will be issu	amount: oz / day led to a child, as well as therapeutic formula it to health plan or Medi-Cal for methey are NOT a covered benefit by he ormation: Check action taken: Submitted justification to health plan	No cow's milk No cheese No eggs No peanut but No whole grain * whole wheat bread, edically necessary form ealth plans or Medi-Cal. If this patient requirements are the sealth insura	No breakfast cereals No vegetables No fruits No juice corn/wheat tortilla, brown rice, barley, bulgur, or oatmeter and and medical foods. WIC only wires a therapeutic formula and does NOT cance, check ALL boxes below that apply: samples ledi-Cal	