Virginia WIC Medical Referral Form

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal program that provides nutrition and breastfeeding education, referrals to community and health resources, and nutritious foods to eligible pregnant, breastfeeding, and postpartum women, infants, and children until the age of five (5).

Completion of the below information will assist your patient with enrollment and/or continued participation with the Virginia WIC program. Please contact the State WIC Office at (804) 864-7800 or your local WIC clinic with any questions related to WIC eligibility or the enrollment process.

Patient Name:	
Date of Birth:	**Telephone:** ( )

INFANTS and CHILDREN	
Parent / Guardian Name:	
Weight: lbs. oz. **Length / Height:** in.	**Collection Date:** _____ / _____ / _____ *VALID WITHIN 60 DAYS OF WIC APPOINTMENT*
Hgb/Hct: ☐ Not Tested **Blood Lead:** ☐ Not Tested	**Collection Date:** _____ / _____ / _____ *VALID WITHIN 90 DAYS OF WIC APPOINTMENT*
Date of Most Recent HCP Visit:	**Immunizations UTD?** ☐ YES ☐ NO ☐ UNKNOWN
Please list any current health, nutrition, or developmental concerns:	

PREGNANT, BREASTFEEDING, and POSTPARTUM WOMEN	
EDD:	**Multiple Gestation:** ☐ YES ☐ NO ☐ UNKNOWN
Actual Delivery Date: ***OR***	☐ **Currently Pregnant**
Date of First Prenatal Visit:	**Date of Most Recent HCP Visit:**
Pre-Pregnancy Weight:	**Most Recent Prenatal Weight:**
Hgb /Hct: _____ **Collection Date:** _____ / _____ / _____ *Valid ONLY if collected during woman's current WIC category (ex. Pregnant or Postpartum)*	
Please list any current health or nutrition concerns:	

All requests to modify standard WIC food benefits must be submitted on a WIC-395 form.

Referring Healthcare Provider Information	**WIC Clinic Information**
Printed Name:	
Practice Name: **Address:** **Telephone:** **Fax Number:**	
Signature:	
Date:	

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