

**WIC Referral/Medical Information Form
ADPH-WIC-104**

Purpose

The purpose of this form is to obtain referral or medical information from the patient's health care provider. The form is intended to be initiated by the clinic WIC provider to be sent to the health care provider to obtain referral or medical information needed for certification or for follow-up care of the patient.

Instructions

Patient Name, Date of Birth, Date: Enter patient's name, date of birth, and date the referral form is completed.

Patient Release Approval: Obtain the signature of the patient or parent/guardian/caretaker of patient before sending/releasing the form to health care provider.

Clinic Information: Enter the clinic name, address, and phone/fax numbers in the space provided. A clinic stamp may be used to enter this information. The clinic staff person making the referral must sign in the space provided before sending the form to the health care provider.

Health Care Provider: Please review the item(s) checked below and respond as requested: Check the appropriate box for the referral being made.

- **Low hemoglobin values:** Use this for making referrals to the health care provider for high risk hemoglobin values per the high risk criteria policy. Low hemoglobin values mean values that meet the high risk criteria.
- **Medical diagnosis:** Use to confirm a medical diagnosis reported by the patient to meet the medical documentation requirements for risk criteria or for other reasons.
- **Medical condition(s):** Use for a referral to the health care provider for a medical condition(s) identified during the assessment needing evaluation by the health care provider.
- **Prescription:** Use to obtain a prescription for a special formula if the patient does not have the prescription at the time of the visit due to changes in the formula or to other circumstances.
- **Anthropometric measurements/lab values:** Use to obtain anthropometric measurements or hemoglobin/hematocrit values from the health care provider for subsequent certification or for follow-up. Patient may be given this form at subsequent certification **or** at a SNE visit prior to the 6 month infant SNE to obtain the appropriate values from the health care provider if the patient has a health care provider visit prior to these WIC visits.

EDD for prenatal: Use to obtain the EDC date for the prenatal.

Immunization record: Use to request the patient's immunization record from the health care provider.

Health Care Provider's Note: Space is provided for the health care provider to write a note in response to the requested referral.

Health Care Provider Signature/Health Care Provider Printed Name/Address/Phone: To be completed by the health care provider.

NOTE: A health care provider is a Physician or someone working under Physician's orders, such as a Physician Assistant or Nurse Practitioner.