

**State of Connecticut WIC Program-DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATION/MEDICAL REFERRAL FORM - INFANTS AND CHILDREN**

Participant ID #: \_\_\_\_\_ Family ID #: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth (DOB): \_\_\_/\_\_\_/\_\_\_ Sex:  M  F

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

<b>DATE COLLECTED:</b>	<b>DATE COLLECTED:</b>	<b>FOR INFANTS AND CHILDREN &lt; 2:</b>
<b>Weight:</b>	<b>Hemoglobin:</b>	<b>Birth Weight:</b>
<b>Length or Height:</b>	<b>Hematocrit:</b>	<b>Birth Length:</b>
<b>Body Mass Index (BMI):</b>	<b>Lead test done?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Birth Head Circ. (optional):</b>
<b>Head Circ. (optional):</b>	<b>Date collected:</b> ___/___/___ <b>Result:</b>	<b>Immunizations Up-to-date?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Medications/Medical Problems/Concerns:</b>		

**ANTHROPOMETRIC**

**0-23 months (Based on 2006 WHO Growth Standards)**

- 1a.  Underweight ( $\leq 2.3^{\text{rd}}$  percentile wt/length)
- 1b.  At Risk of Underweight ( $>2.3^{\text{rd}}$  percentile and  $\leq 5^{\text{th}}$  wt/length)
2.  High Weight for Length ( $\geq 97.7^{\text{th}}$  percentile wt/length)
- 2b.  At Risk of Overweight- Parent with BMI  $\geq 30$
- 3a.  Short Stature ( $\leq 2.3^{\text{rd}}$  percentile length/age)
- 3b.  At Risk for Short Stature ( $> 2.3^{\text{rd}}$  &  $\leq 5^{\text{th}}$  percentile length/age)
4.  Failure to thrive
5.  Slowed/Faltering Growth Pattern
6.  LBW (birth weight  $\leq 5.5$  pounds or  $\leq 2500$  grams)
7.  Pre-term ( $\leq 36 \frac{6}{7}$  weeks gestation); or  
 Early term ( $\geq 37 \frac{0}{7}$  and  $\leq 38 \frac{6}{7}$  weeks)  
# wks \_\_\_\_\_ gestation
- 8a.  Small for gestational age (based on medical diagnosis)
- 8b.  Large for gestational age ( $\geq 9$  lbs) (up to 12 months)
9.  Head circumference  $\leq 2.3^{\text{rd}}$  percentile (up to 24 months)

**2-5 years (Based on 2000 CDC age/gender specific growth charts)**

- 1a.  Underweight ( $\leq 5^{\text{th}}$  percentile BMI-for-age)
- 1b.  At Risk of Underweight ( $>5^{\text{th}}$  and  $\leq 10^{\text{th}}$  percentile BMI-for-age)
- 2a.  Obese ( $\geq 95^{\text{th}}$  percentile BMI-for-age)
- 2b.  Overweight ( $\geq 85^{\text{th}}$  or  $<95^{\text{th}}$  percentile BMI-for-age)
- 2b.  At Risk of Overweight- Parent with BMI  $\geq 30$
- 3a.  Short Stature ( $\leq 5^{\text{th}}$  percentile height/age)
- 3b.  At Risk for Short Stature ( $>5^{\text{th}}$  and  $\leq 10^{\text{th}}$  percentile ht/age)
4.  Failure to thrive

**Weight, length/height measurements must be within 60 days of the WIC certification.**

**BIOCHEMICAL (1998 CDC Standards)**

10.  Anemia **6-23 Mos:** Hgb  $< 11$  g/dl, Hct  $< 32.9\%$ ;  
**2-5 yrs:** Hgb  $< 11.1$  g/dl, Hct  $< 33\%$
11.  Elevated blood lead level ( $\geq 5$ ug/dl in last 12 months)

**CLINICAL/ HEALTH/ MEDICAL**

12.  Nutrient deficiency disease. Specify \_\_\_\_\_
13.  Gastrointestinal disorder. Specify \_\_\_\_\_
14.  Nutritionally significant genetic or congenital disorder.  
Specify \_\_\_\_\_
15.  Nutrition related infectious disease.  Acute  Chronic  
Specify \_\_\_\_\_
16.  Nutrition related non-infectious chronic disease.  
Specify \_\_\_\_\_
17.  Food allergy. Specify \_\_\_\_\_
18.  Other nutrition related medical conditions.  
Specify \_\_\_\_\_
19.  Oral health conditions. Specify \_\_\_\_\_
20.  Fetal Alcohol Spectrum Disorders
21.  Neonatal Abstinence Syndrome (NAS)
22.  Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions or Prepare Food
23.  Breastfeeding complications or potential complications. specify \_\_\_\_\_
24.  Breastfeeding infant of woman at nutritional risk  
 non-dietary;  dietary

**DIETARY (Document in CT-WIC)**

25.  Specify code(s) \_\_\_\_\_  
 Improper use of bottle/cup or (pacifier-Child only)  Potentially harmful microorganisms/toxins  Feeding sugar containing fluids

**OTHER NUTRITIONAL RISKS**

26.  Infant (0-6 months) of a mother enrolled in WIC or of a woman who would have been WIC eligible during pregnancy
27.  Possible regression in nutritional status if removed from the Program  non-dietary;  dietary
28.  Homelessness or migrancy
29.  Entering or moving within the foster care system during the previous 6 months
30.  Other nutritional risks. Specify \_\_\_\_\_

Health Care Provider Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature/Initials of WIC CPA \_\_\_\_\_ WIC Certification Date: \_\_\_\_\_  Mid-cert