WIC Referral data form

Use this form to bring in measurements from your healthcare provider to save time at your next WIC appointment.

Source of data

☐ Healthcare provider—provider name: _____

☐ WIC—WIC clinic name: _____

☐ Other: _____

Today's date: _____

Participant name: _____

Date of birth: _____

Date	Length/height (in)*	Weight* (lbs)	OFC*	Hgb/ Hct**	Nutrition assessment

*Valid for 60 days

**Valid for 90 days

Notes:

Healthcare provider or WIC health professional signature: _____

Fax Number: _____ Phone number: _____

Utah Department of Health & Human Services

WIC UTAH | WOMEN, INFANTS & CHILDREN

8/2023

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