

# Pennsylvania WIC Pediatric Referral Form

Send completed forms to: [pawic@adagiohealth.org](mailto:pawic@adagiohealth.org)



Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Gender

Female  Male

Child's Ethnicity

Hispanic or Latino  Not Hispanic or Latino

Child's Race (Check all that apply)

American Indian/Alaska Native  Asian  Black  Native Hawaiian/Pacific Islander  White

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Anthropometric Measurements	Current Bloodwork	Birth Information
Current weight: _____	Required for children over 9 months	Required for children under 2 years
Current height: _____	Hemoglobin: _____ g/d/l	Gestational Age: _____
For infants under 2 include	or	Birth Weight: _____
Head Circumference: _____	Hematocrit: _____ %	Birth Length: _____
Date Measured: _____	Lead Screening: _____ mcg/dl	Head Circumference: _____
	Date of Blood Test: _____	Delivery Method: _____
Immunization Records are required on all children under age 2. Please provide copy of records. <input type="checkbox"/> Records Included <input type="checkbox"/> Records Not Available		

Infant Feeding:  Breastfeeding  Formula  Both

Food Allergies/Intolerances: \_\_\_\_\_

## Formula

WIC provides Similac Advance, Sensitive, Total Comfort, Spit Up, and Soy Isomil. At this time, WIC does not cover Similac "Pro" formulas. WIC does not provide other brands of standard infant formulas. If this infant/child requires another Similac formula or a special formula due to a medical condition, the formula must be approved by the PA WIC Program. Use the [Pennsylvania WIC Program Formula Authorization Form](#).

Healthcare Facility Name: \_\_\_\_\_

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

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_