



**Rhode Island Department of Health
WIC Program**



Medical Information Form for Infants & Children

*The healthcare provider should print out this form, complete it, and give it back to the patient.
The patient should return the completed form to their local WIC agency.*

A. Patient Information	
Patient name:	Date of Birth:
Parent/Guardian/Caretaker name:	

B. All Infants & Children	Infants & Children < Age 2y
*Measurements taken within past 60 days:	Birth weight:
*Date obtained:	Birth length:
*Weight:	Gestational age at birth: _____ weeks
*Length/Height:	Are DtaP immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Total # of DtaP's given to date: _____

C. Laboratory Results	
**Blood work is required once between 9-12 months and again between 12-18 months, then once annually. If at any point the results are < 11.1 gm/dl Hgb or < 33% Hct, new blood work is required every 6 months until results are within normal limits.	
**Hgb (gm/dl) or Hct (%):	Lab result date:
Lead test (mcg/dl):	Lab result date:

D. Health/Medical Concerns (Please describe.)

E. Patient's Healthcare Provider	
Provider name:	
Signature:	Date:
Address:	Phone: