

**NUTRITION RISK CRITERIA FOR INFANTS & CHILDREN**



**Delaware County  
WIC Program  
484-471-3320**

**Springfield Clinic**  
1260 East Woodland Avenue  
Suite 211  
Springfield, PA 19064  
484-479-3086  
FAX: 484-479-3349

**Eddystone Clinic**  
Baldwin Tower  
1510 Chester Pike, Suite 300  
Eddystone, PA 19022  
484-480-8800  
FAX: 484-480-8869

**Upper Darby Clinic**  
Barclay Square Shopping  
Center at 1500 Garrett Road,  
Suite 20  
Upper Darby, PA 19082  
610-713-5800  
FAX: 610-713-5807



 Delaware County WIC  
Breastfeeding Helpline  
484-472-7022

PA WIC is funded by the USDA.  
This institution is an equal  
opportunity provider.



**Child Information** (ages 0 - 59 months)  Male  Female

Name of Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_

Hemoglobin (if drawn in past 45 days): \_\_\_\_\_ Date Drawn: \_\_\_\_\_  Not Drawn

Hematocrit (if drawn in past 45 days): \_\_\_\_\_ Date Drawn: \_\_\_\_\_  Not Drawn

Lead Level (if drawn in past 12 months): \_\_\_\_\_ Date Drawn: \_\_\_\_\_  Not Drawn

Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Head: \_\_\_\_\_ Measure Date: \_\_\_\_\_

Child's Birth Information:

Gestational Age: \_\_\_\_\_ weeks Birth Weight: \_\_\_\_\_ Birth Length: \_\_\_\_\_

**Supplemental Information** (if available)

**List of Common WIC Qualifying Diagnoses** (Please circle condition below. Details may be included in Additional Comments Section.)

<p><b>HEMATOLOGIC DIAGNOSES</b></p> <ol style="list-style-type: none"> <li>Anemia (Hemoglobin &lt;11 mg/dl)</li> <li>Elevated lead level (≥ 10 mcg/dl)</li> <li>Sickle cell anemia</li> </ol>	<p><b>FOOD/NUTRITION FACTORS</b></p> <ol style="list-style-type: none"> <li>Food allergies</li> <li>Lactose intolerance</li> <li>Drug nutrient interactions</li> </ol>	<p><b>MEDICAL CONDITIONS</b></p> <ol style="list-style-type: none"> <li>GI disorders, genetic/congenital disorders or medical conditions</li> <li>Recent major surgery/infectious disease/burn/trauma/other condition severe enough to affect nutritional status of child</li> <li>Central nervous system disorder</li> <li>Dental problems</li> <li>Fetal Alcohol Syndrome</li> </ol>
<p><b>UNDERGROWTH CONDITIONS</b></p> <ol style="list-style-type: none"> <li>SGA</li> <li>Microcephaly</li> <li>Failure to thrive or inadequate growth</li> </ol>	<p><b>PARENTAL FACTORS</b></p> <ol style="list-style-type: none"> <li>Environmental tobacco smoke exposure</li> <li>Maternal mental retardation</li> <li>Maternal drug/alcohol abuse during pregnancy</li> <li>Maternal or Paternal Obesity</li> </ol>	

**Please complete form; fax or mail to 484-471-3324,  
WIC Program  
1260 East Woodland Avenue, Suite 214  
Springfield, PA 19064**

**Referring Agency**

Health Care Provider Name: \_\_\_\_\_ MD \_\_ DO \_\_ CRNP \_\_ PA \_\_

Health Care Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Stamp

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_