

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

Chester Clinic
2602 West 9th Street
MOB, Suite 103
Chester, PA 19013
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.



D31 10/16

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.)

HEMATOLOGIC DIAGNOSES

1. Anemia (Hemoglobin <11 mg/dl)
2. Elevated lead level (≥ 10 mcg/dl)
3. Sickle cell anemia

FOOD/NUTRITION FACTORS

7. Food allergies
8. Lactose intolerance
9. Drug nutrient interactions

MEDICAL CONDITIONS

14. GI disorders, genetic/congenital disorders or medical conditions
15. Recent major surgery/infectious disease/burn/trauma/other condition severe enough to affect nutritional status of child
16. Central nervous system disorder
17. Dental problems
18. Fetal Alcohol Syndrome

UNDERGROWTH CONDITIONS

4. SGA
5. Microcephaly
6. Failure to thrive or inadequate growth

PARENTAL FACTORS

10. Environmental tobacco smoke exposure
11. Maternal mental retardation
12. Maternal drug/alcohol abuse during pregnancy
13. Maternal or Paternal Obesity

**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: _____