

NEW JERSEY WIC HEALTH CARE REFERRAL

FOR

PREGNANT WOMAN

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BREASTFEEDING WOMAN (Up to 1 Year Postpartum)	
NON-BREASTFEEDING WOMAN (Up to 6 Months Postpa	irti

		NON-BREA	ASTFE	EEDING		MAN (U	Jp to 6	5 Moi	nths I	Postpa	rtum)	
Women, Infants & Children	Name						Bi	Birthdate / /				
	Address	Address						Telephone Number				
 Women, infants and children MUST be present at every WIC certification appointment. Bring: Proof of your family's income Proof of where you live Proof of ID for every person Health care referral form filled out Immunization records of 	 ANTHROPOMETRIC AND LABORATORY DATA Height and weight measurements must be taken <30 days prior to WIC appointment. At least ONE blood test of Hemoglobin, Hematocrit or Erythrocyte Protoporphyrin (EP) is needed to determine nutritional risk of all women. The blood test must be taken <90 days prior to WIC appointment. PREGNANT WOMEN need blood test which was done during pregnancy. POSTPARTUM WOMEN (breastfeeding and non-breastfeeding) need blood test which was done after delivery. 											
infant/child	Blood Test Date Hemoglo			Hemato		EP		Lead (if available)			Other	
CALL for an appointment with WIC office checked: (Healthcare provider: Check WIC office for patient.)	Height	/ / gm/dl % leight inches									lbs.	
Burlington County 609-267-4304	FIRST PRENATAL CHECK-UP	# Wks. Gest.		Measurement /		Date /	Weight		lbs.	Blood F	Pressure /	mm/Hợ
☐ Children's Home Society of NJ 609-498-7755	MOST RECENT CHECK-UP	# Wks. Gest.		Measurement /		Date /	Weight Ibs.		Blood F	Blood Pressure / mr		
East Orange 973-395-8960 (8963)	MEDICAL HISTORY											
Gloucester County 856-218-4116	Delivery Date	1	□Estir □Actu			nan's We elivery	eight Ju			Weeks (elivery	Gestation	at
☐ Jersey City 201-547-6842	Date Last Pregna	ncy Ended			evious	s Pregna	incies			revious	Live Birth	S
Newark 973-733-7628	/ / Check all of the following which apply and give a brief Explanation											
North Hudson 201-866-4700	explanation:											
NORWESCAP 908-454-1210	 ☐ Hx of premature infant(s) (≤37 weeks gestation) ☐ Hx of infant(s) ≥9 lbs at birth 											
Ocean County 732-341-9700 X 7520	Hx of miscarriage(s)/stillbirth(s)/abortion(s)											
Passaic 973-365-5620		Multiple pregnancy or recent multiple birth Medical problems (e.g. Diabetes, Hypertension,										
Plainfield 908-753-3397	Preeclampsia, Eclampsia)											
Rutgers 973-972-3416	Social or environmental condition which may compromise adequacy of diet											
St. Joseph 973-754-4575/4730	Substance use (e.g. alcohol, drugs, cigarettes, pica) Vitamin/mineral supplement or medicine prescription											
☐ TriCounty/Gateway CAP Main Office: 856-451-5600 Atlantic Office:	Special formula prescription and medical reason for its necessity Other pertinent health/medical data											
609-246-7767 Camden Office: 856-225-5050	AUTHORIZATION RELEASE <i>I, the undersigned, give permission to my provider to give the WIC Program any required medical information.</i> Signature of Patient Being Referred Insurance Carrier and Member ID Number											
□ Trinitas 908-994-5141	Signature of Patie	ent Being Ref	erred			Insura	nce Ca	rrier a	nd Me	mber ID	Number	
□ VNA 732-471-9301	Signature of Phys	ician or Heal	th Prof	essional				C	Date			
OR STATEWIDE	Name and Addres	ss of Physicia	an or Cl	linic (Prin	t or Sta	amp)						
1-800-328-3838 (24 Hrs.)												

Telephone Number:

This institution is an equal opportunity provider.