

**WIC NUTRITION ASSESSMENT & CARE PLAN CHILDREN**

1. Last Name First Name MI  
 2. Patient Number - H  
 3. Date of Birth Month Day Year  
 4. Race  1. White  2. Black /African American  
 3. America Indian/Alaskan Native  4 Asian  
 5. Hawaiian/Other Pacific Islander  6. Unknown  
 Ethnicity: Hispanic origin?  Yes  No  
 5. Sex  1. Male  2. Female  
 6. County of Residence  
 Address Phone

Certification  Mid-certification assessment

Client age \_\_\_\_\_  Client present  
 Health Insurance  Medicaid  Other  None  
 Health care provider \_\_\_\_\_  
 Primary caretaker & relationship \_\_\_\_\_  
 Primary Language (if other than English) \_\_\_\_\_  
 Name of Interpreter (if used): \_\_\_\_\_  
 Household composition: # Adults # Children

**SUBJECTIVE AND OBJECTIVE INFORMATION**

Mark boxes that apply and document relevant details. Indicate when information is elsewhere in medical record.

**ECO-SOCIAL**

Household has:  person(s) who smokes  inadequate water source  inadequate appliances to store/cook food  
 FNS (food stamps)  food security issues

Client is:  in child care  homeless  with primary caretaker with limited abilities  
 in foster care/date  a migrant

No client-reported problem

**ANTHRO & BIOCHEMICAL**

Birth length \_\_\_\_\_ Birth weight \_\_\_\_\_ Weeks gestation \_\_\_\_\_  
 Length/Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of measures \_\_\_\_\_  
 Child's BMI \_\_\_\_\_ Parental BMI ( Mother's OR  Father's) \_\_\_\_\_  
 Hemoglobin \_\_\_\_\_ Hematocrit \_\_\_\_\_ Date of test \_\_\_\_\_ Blood lead \_\_\_\_\_ Date of test \_\_\_\_\_

**CLINICAL**

Has:  medical condition(s)  oral health condition(s)

Uses:  Rx medications  OTC medications  vitamins

Immunization status:  up-to-date  not up-to-date  immunization record is unavailable

No client-reported problem

**DIET & PHYSICAL ACTIVITY**

Usual eating pattern: \_\_\_\_\_

Type of milk usually consumed:  skim  1%  2%  whole  none  other (specify): \_\_\_\_\_

Behaviors (✓ frequency)	Frequency			Behaviors	Frequency		
	Most days	Some days	Rarely		Most days	Some days	Rarely
Is physically active				Eats out or eats take-out food			
Eats fruits				Drinks > 4-6 oz. juice			
Eats vegetables				Drinks sweet drinks: soda, tea, sports/juice drinks			
Drinks water				Watches more than 2 hours of TV			
Consumes age-appropriate foods				Other / inappropriate nutrition behavior(s):			
Uses age-appropriate feeding skills				_____			
				_____			

**SUMMARY OF NUTRITION STATUS (includes nutrition problems and/or potential problems)**

