### WIC PROGRAM EXCHANGE OF INFORMATION

**– INFANTS AND CHILDREN –**

*WIC is an Equal Opportunity Program.*

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1. **Client is insured through ( ✓ one):**
   - [ ] Medicaid
   - [ ] Other
   - [ ] No Insurance

2. **If client is ≤ 24 months of age:**
   - Birthweight: __________
   - Birth Length: ______________
   - Weeks Gestation: __________

3. **Enter date and results of most recent measurements / tests:**
   - **Date**: ______________
   - **Weight**: __________
   - **Recumbent Length**: ______________ or **Standing Height**: ______________
   - **Hemoglobin**: ______________ or **Hematocrit**: ______________
   - **Blood Lead**: ______________ or ❑ Results not yet available

4. **Immunization status ( ✓ one):**
   - ❑ Up-to-Date
   - ❑ Not Up-to-Date

5. **Medical conditions and medications:**

6. **Special instructions for nutritional support or feeding:**

7. **Would you like to receive a summary of nutrition services provided by the WIC Program staff?**
   - [ ] Yes
   - [ ] No

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**SUMMARY OF NUTRITION SERVICES (to be completed by the WIC Program Staff)**

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The North Carolina WIC Program operates in all 100 counties in North Carolina. For more information, go to [www.nutritionnc.com](http://www.nutritionnc.com) or contact your local WIC Program.
1. Actual or expected date of delivery: ____________________________

2. Prepregnancy weight (if available): ______________________________

3. Enter date and results of most recent measurements:
   Date __________ Weight___________
   Date __________ Height______________
   Date __________ Hemoglobin ___________ OR Hematocrit _____________

4. Obstetric history:

5. Special instructions for nutritional support:

6. Would you like to receive a summary of nutrition services provided by the WIC Program staff?  ❑ Yes  ❑ No
   Completed by: ____________________________ Date: ____________ Phone: ____________________________
   Signature/Title

SUMMARY OF NUTRITION SERVICES (to be completed by the WIC Program Staff)

Completed by: ____________________________ Date: ____________ Phone: ____________________________
   Signature/Title

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