

**WIC NUTRITION ASSESSMENT & CARE PLAN
PREGNANT WOMEN**

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
 A95 Temporary Eligibility for Pregnant Women
 Client age _____ Client present
 Health Insurance Medicaid Other None
 Health care provider _____
 Date 1st prenatal visit _____ EDC _____
 Primary Language (if other than English) _____
 Name of Interpreter (if used) _____
 Household composition: # Adults # Children

A95 Certifier Signature/Title/Date:

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: person w/ limited abilities in foster care /date _____ homeless a migrant
 No client-reported problem

ANTHRO & BIOCHEMICAL
 Pre-pregnancy weight _____ Pre-pregnancy BMI _____
 Height _____ Weight _____ Date of measures _____
 Hemoglobin _____ Hematocrit _____ Date of test _____ Blood lead _____ Date of test _____

CLINICAL	Pregnancy Hx: Date (mm/yy)								
	Birth weight								
	Weeks gestation								
	Outcome / complications								

CLINICAL
 Has: medical condition(s) oral health condition(s) nausea vomiting heartburn constipation
 Uses: Rx medications OTC medications prenatal vitamins tobacco alcohol illegal drugs
 Plans for infant feeding: plans to breastfeed no plans to breastfeed is undecided
 No client-reported problem

DIET & PHYSICAL ACTIVITY
 Usual eating pattern: _____
 Type of milk usually consumed: skim 1% 2% whole none other (specify): _____

Behaviors (✓ frequency)				Other / inappropriate nutrition behavior(s):			
	Most days	Some days	Rarely		Most days	Some days	Rarely
Is physically active				Eats out or eats take-out food			
Eats fruits				Drinks sweet drinks: soda, tea, sports/juice drinks			
Eats vegetables				Watches more than 2 hours of TV			
Drinks water							

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

