

### WIC Referral for Pregnant Woman

Patient's Name	Address (Street, City, Zip)	Telephone	Birthdate
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**Health Care Provider:** Please complete the following information for your patient.

Est. Date of Confinement \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date Last Preg. Ended \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gravida \_\_\_\_\_ Para \_\_\_\_\_  
 Height \_\_\_\_\_ Inches  
 Pregravid Weight \_\_\_\_\_ lbs.  
 Current Weight \_\_\_\_\_ lbs. on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date)

Hemoglobin \_\_\_\_\_ gm/dl or Hematocrit \_\_\_\_\_ %  
 on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date)

Medical Conditions  
 \_\_\_ Diabetes \_\_\_ TB \_\_\_ +PPD \_\_\_ INH  
 \_\_\_ Hypertension \_\_\_ Multiple Pregnancy  
 \_\_\_ Other \_\_\_\_\_  
 Previous Poor Pregnancy Outcome/History  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Comments \_\_\_\_\_  
 \_\_\_\_\_

Patient's primary language \_\_\_\_\_

<b>WIC Offices</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <u>Vallejo</u>                      365 Tuolumne Street                      Vallejo, CA 94590                      553-5381                 </td> <td style="width: 33%; border: none;"> <u>Fairfield/Suisun/Rio Vista</u>                      2101 Courage Drive                      Fairfield, CA 94533                      784-2200                 </td> <td style="width: 33%; border: none;"> <u>Vacaville/Dixon</u>                      1119 E. Monte Vista Ave.                      Vacaville, CA 95688                      469-4555                 </td> </tr> </table>	<u>Vallejo</u> 365 Tuolumne Street Vallejo, CA 94590 553-5381	<u>Fairfield/Suisun/Rio Vista</u> 2101 Courage Drive Fairfield, CA 94533 784-2200	<u>Vacaville/Dixon</u> 1119 E. Monte Vista Ave. Vacaville, CA 95688 469-4555	Name of Physician/Health Care Provider/Group/Clinic  Telephone _____ Date _____
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To apply for WIC, see the back of this form.

Para aplicar por WIC, mire al otro lado de ésta forma.

Yellow

**This institution is an equal opportunity provider and employer.**

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**To get a WIC appointment:**

Please mail or bring this completed form to the WIC office near you. The address is on the front of this form. You will be sent a WIC appointment by mail.

**NOTE:** Do not "drop in" to the doctor's office to have this form completed.

**Para recibir una cita de WIC:**

Ud. debe de mandar por correo o traer esta forma completa a la oficina de WIC mas cerca de Ud. El domicilio esta en frente de esta forma. Recibirá una carta con su cita tan pronto posible.

**ANOTE:** No vaya a la clinica o al doctor sin cita para que le llenen esta forma.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

La ley Federal y la política del Departamento de Agricultura de los Estados Unidos (USDA) prohíben a esta institución de discriminar en base a la raza, color, origen nacional, sexo, edad, incapacidad o discapacidad. Para presentar una queja de discriminación, escriba a: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al (800) 795-3272 (voz) o (202) 720-6382 (TTY). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

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