



Nutrition Risk Criteria for Infants & Children

NORTH, Inc - Managers of the Philadelphia WIC Program

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Essential Child's Information (ages 0 - 59 months)

Male Female

Name: _____ D.O.B.: _____ Height: _____

Street Address: _____ Zip: _____ Weight: _____

Measure Date: _____

Hemoglobin (if drawn in past 3 months): _____ Date of Hemoglobin: _____ Not Drawn

Lead Level (if drawn in past 12 months): _____ Date of Lead Level: _____ Not Drawn

Referring Agency

HealthCare Provider Name: _____ MD DO RN RD NP PA Other _____

HealthCare Facility Name: _____ Phone: _____

(Office Stamp)

Supplemental Information (if available)

List of Common WIC Qualifying Diagnoses (Please circle condition below. Details may be included in Additional Comments Section.)

HEMATOLOGIC DIAGNOSES

1. Anemia (Hemoglobin <11mg/dl)
2. Elevated lead level (≥ 10 mcg/dl)
3. Sickle cell anemia

UNDERGROWTH CONDITIONS

3. Prematurity (<37 weeks gestation)
4. LBW / VLBW (birth weight <5lb 8oz or 2500g) or SGA
5. Microcephaly (<5% head/age)
6. Underweight or at risk of underweight (<10% BMI or wt/length)
7. FTT or inadequate growth
8. Short stature or risk of short stature (stature/age <10%)

OVERGROWTH CONDITIONS

9. LGA (birth weight >9lb or 4kg)
10. Overweight or obesity (>85% BMI for age, gender)

OTHER FOOD/NUTRITIONAL FACTORS

11. Food allergies
12. Lactose intolerance
13. Drug nutrient interactions (antibiotic use of >30 days in past 6 months)
14. Recent major surgery/infectious disease/burn/trauma/other condition severe enough to affect nutritional status of child

OTHER MEDICAL CONDITIONS

15. Chronic medical condition (specify below)
16. Dental problems

PARENTAL FACTORS

17. Environmental tobacco smoke exposure
18. Maternal or paternal obesity
19. Maternal mental retardation
20. Maternal alcohol/drug abuse during pregnancy

Additional Comments

Child's Birth Information: Gestational Age: weeks Birth Length: _____ Birth Weight: _____

Provider Signature: _____ Date: _____