



Nutrition Risk Criteria for Post-Partum Women Breastfeeding and Non-breastfeeding

NORTH, Inc - Managers of the Philadelphia WIC Program

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Essential Information for Post-Partum Women:

Name:	D.O.B.:	Height:
Street Address:	Zip:	Current Weight:
Telephone Number:	Cell Phone Number:	Measure Date:
Infant Delivery Date:	Infant Delivery Weight:	Pre-Pregnancy Weight:
Currently breastfeeding infant:	Currently formula feeding infant:	
Hemoglobin:	Date of Hemoglobin:	Hematocrit:
		Date of Hematocrit:
		<input type="checkbox"/> Not Drawn

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 (≥10mcg/dl)
3. Sickle cell anemia

MEDICAL CONDITIONS

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

PREGNANCY RELATED ISSUES

9. Multiple gestation
10. History of stillbirth or miscarriage
11. Gestational diabetes
12. High parity
13. Smoking during pregnancy
14. Drug use during pregnancy

FOOD/NUTRITIONAL FACTORS

3. Food allergies
4. Lactose intolerance
5. Eating Disorders
6. Celiac Disease
7. Pica
8. Inadequate Diet

Additional Comments

WIC Office Assigned:

Referring Agency

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

HealthCare Facility Name: _____ Phone: _____

(Office Stamp)



Provider Signature: _____ Date: _____