



Nutrition Risk Criteria for Pregnant Women

NORTH, Inc - Managers of the Philadelphia WIC Program

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Essential Information for Pregnant Women:

Name: _____		D.O.B.: _____		Height: _____	
Street Address: _____		Zip: _____		Current Weight: _____	
Telephone Number: _____		Cell Phone Number: _____		Measure Date: _____	
Number of previous pregnancies: _____		Expected date of delivery: _____		Pre-Pregnancy Weight: _____	
Mother wants to Breastfeed: _____		Mother has breastfed other children: _____			
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: _____