North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Nutrition Services Branch • WIC Program

# WIC PROGRAM EXCHANGE OF INFORMATION: Infants and Children

**Name of Client:** _____ **Date of Birth:** _____

**I authorize the exchange of the information below between the WIC Program and my child's Health Care Provider.**
Parent's/Caretaker's
Signature: _____

Date: _____

**RETURN COMPLETED FORM TO:**

Guilford County WIC Program
1100 E Wendover Ave. Greensboro, NC 27405
336-641-3214 PHONE 336-641-4617 FAX
501 E Green Dr. High Point, NC 27260
336-641-7571 PHONE 336-641-6961 FAX

**The following information is to be completed by the Health Care Provider.**

1. Client is insured through (check one): ❒ Medicaid ❒ Other ❒ No health insurance
2. Document if client is ≤ 24 months of age: Birth Weight _____ Birth Length _____ Weeks Gestation _____
3. Enter date and results of ***most recent*** measurements / tests:

   Date: _____ Weight: _____

   Date: _____ Recumbent Length: _____ or Standing Height: _____

   Date: _____ Hemoglobin: _____ or Hematocrit: _____

   Date: _____ Blood Lead: _____ or ❒ Results not yet available
4. Immunization status (check one): ❒ Up-to-Date ❒ Not Up-to-Date
5. Medical conditions and medications:

6. Special instructions for nutritional support or feeding:

7. Would you like to receive a summary of nutrition services provided by the WIC Program staff? ❒ Yes ❒ No

**Completed by:** _____ **Date:** _____ **Phone No.:** _____
*Signature/Title*

**SUMMARY OF NUTRITION SERVICES (*to be completed by the WIC Program Staff)***

**Completed by:** _____ **Date:** _____ **Phone No.:** _____
*Signature/Title*

The North Carolina WIC Program operates in all 100 counties in North Carolina.
For more information, go to www.nutritionnc.com or contact your local WIC Program.
This institution is an equal opportunity provider.