



# Arizona WIC Health Data Form

This form may be used to provide health data to the WIC Program. Health data may also be provided on the [Arizona WIC Formula and Food Request Form](#), doctor's letterhead, doctor's prescription form, printed medical records, or obtained via a patient portal.

**Note:** WIC may utilize weight and length/height data no older than 60 days and hemoglobin/hematocrit data no older than 90 days of their WIC appointment taken by a medical provider to streamline WIC services.

1. Name or Parent/Guardian's Name: \_\_\_\_\_

## 2. Health Data | Please provide the most recent measurement for each WIC participant

Patient's Name: _____	DOB: _____
<b>Weight</b>	
Date collected: _____ lbs _____ oz <b>or</b> _____ kg _____ gm	
<b>Length/Height (Recumbent Yes No )</b>	
Date collected: _____ ft _____ in <b>or</b> _____ cm _____ mm	
<b>Hgb or Hct</b>	
Date collected: _____ g/dl <b>or</b> _____ %	
<b>Lead</b>	
Date collected: _____ µg/dl	

Patient's Name: _____	DOB: _____
<b>Weight</b>	
Date collected: _____ lbs _____ oz <b>or</b> _____ kg _____ gm	
<b>Length/Height (Recumbent Yes No )</b>	
Date collected: _____ ft _____ in <b>or</b> _____ cm _____ mm	
<b>Hgb or Hct</b>	
Date collected: _____ g/dl <b>or</b> _____ %	
<b>Lead</b>	
Date collected: _____ µg/dl	

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<b>Hgb or Hct</b>	
Date collected: _____ g/dl <b>or</b> _____ %	
<b>Lead</b>	
Date collected: _____ µg/dl	

## 3. Medical Provider's Information

Medical Provider's Name: \_\_\_\_\_ Medical Provider's Phone Number: \_\_\_\_\_

Medical Provider's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Visit the [Arizona WIC Physicians website](#) for additional information and additional forms.

Arizona WIC Program | October 2024

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