

**WIC NUTRITION ASSESSMENT & CARE PLAN
CHILDREN**

1. Last Name First Name MI
 2. Patient Number - H
 3. Date of Birth Month Day Year
 4. Race 1. White 2. Black /African American
 3. America Indian/Alaskan Native 4. Asian
 5. Hawaiian/Other Pacific Islander 6. Unknown
 Ethnicity: Hispanic origin? Yes No
 5. Sex 1. Male 2. Female
 6. County of Residence
 Address Phone

Certification Mid-certification assessment

Client age _____ Client present
 Health Insurance Medicaid Other None
 Health care provider _____
 Primary caretaker & relationship _____
 Primary Language (if other than English) _____
 Name of Interpreter (if used): _____
 Household composition: # Adults # Children

SUBJECTIVE AND OBJECTIVE INFORMATION

Mark boxes that apply and document relevant details. Indicate when information is elsewhere in medical record.

ECO-SOCIAL

Household has: person(s) who smokes inadequate water source inadequate appliances to store/cook food
 FNS (food stamps) food security issues

Client is: in child care homeless with primary caretaker with limited abilities
 in foster care/date a migrant

No client-reported problem

ANTHRO & BIOCHEMICAL

Birth length _____ Birth weight _____ Weeks gestation _____
 Length/Height _____ Weight _____ Date of measures _____
 Child's BMI _____ Parental BMI (Mother's OR Father's) _____
 Hemoglobin _____ Hematocrit _____ Date of test _____ Blood lead _____ Date of test _____

CLINICAL

Has: medical condition(s) oral health condition(s)

Uses: Rx medications OTC medications vitamins

Immunization status: up-to-date not up-to-date immunization record is unavailable

No client-reported problem

DIET & PHYSICAL ACTIVITY

Usual eating pattern: _____

Type of milk usually consumed: skim 1% 2% whole none other (specify): _____

Behaviors (✓ frequency)				Other / inappropriate nutrition behavior(s): _____			
	Most days	Some days	Rarely		Most days	Some days	Rarely
Is physically active				Eats out or eats take-out food			
Eats fruits				Drinks > 4-6 oz. juice			
Eats vegetables				Drinks sweet drinks: soda, tea, sports/juice drinks			
Drinks water				Watches more than 2 hours of TV			
Consumes age-appropriate foods							
Uses age-appropriate feeding skills							

SUMMARY OF NUTRITION STATUS (includes nutrition problems and/or potential problems)

