

Bring: LES/any other Income/Proof of Residence/
ID/Shot record/Child/Child's ID/WIC Folder

Referral Form (return to client)

Craven County WIC Program
Bldg 294 Wing 7 "C" Street

MCAS Cherry Point
252-447-0123

Client name

____/____/____
Birth Date

Next WIC appointment: ____/____/____ Time: _____

ATTN: Cherry Point Naval Health Clinic & All other Health Care Providers

Fill in highlighted information below. Hct/Hgb labs must be drawn within two months prior to the above WIC appointment. Please remove child's shoes before doing height/weight measurements.

NOTE:REPORT TO FMC DESK FOR HEIGHT/WEIGHT MEASURES:TUESDAYS & WEDNESDAYS ONLY 1:00pm – 3:00pm
LABS are done AT THE LAB MONDAY THRU FRIDAY 7:30am – 4:00pm

INFANT / CHILD

Hct/Hgb required? (Y) ____ (N) ____

Date lab drawn: ____/____/____ Date measured: ____/____/____

Hgb (hemoglobin): _____ Length: _____

Hct (hematocrit): _____ Weight: _____

PRENATAL

Due Date: ____/____/____

Date lab drawn: ____/____/____

Hgb (hemoglobin): _____ Hct (hematocrit): _____

POST PARTUM

(Lab drawn during pregnancy cannot be used)

Date lab drawn: ____/____/____

Hgb(hemoglobin): _____ Hct (hematocrit): _____