



### WIC Measurement Form for Healthcare Clinics

This form may be used to provide medical data to the WIC Program. Medical data may also be provided on a signed medical prescription form, signed letterhead, or other official medical record.

1. Patient's Name: \_\_\_\_\_ 2. Patient's Date of Birth: \_\_\_\_\_

### 3. Medical Information

Date of Anthropometric Measurements: \_\_\_\_\_

Weight:

\_\_\_\_ lbs. \_\_\_\_ oz. **or** \_\_\_\_ kg. \_\_\_\_ gm.

Length/Height:

\_\_\_\_ ft. \_\_\_\_ in. **or** \_\_\_\_ cm. \_\_\_\_ mm. (Recumbent? Y/N)

Date of Bloodwork Measurements: \_\_\_\_\_

Hgb: \_\_\_\_\_ g/dl Hct: \_\_\_\_\_ %

### 4. Health Professional Information

Health Professional's Name: \_\_\_\_\_

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

Health Professional's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*This institution is an equal opportunity provider.*

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