

Date of Visit: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Gender: M F

Birth Weight: \_\_\_\_\_ Language: English Spanish First WIC Visit: Yes No

Clothing (check 1): Diaper only \_\_\_\_\_ Onesie & diaper \_\_\_\_\_ Shirt & diaper \_\_\_\_\_

Feeding Method (check 1): \_\_\_\_\_ Exclusive Breastfeeding \_\_\_\_\_ Exclusive Formula \_\_\_\_\_ Mixed

Comments: \_\_\_\_\_



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