IDAHO WIC PROGRAM
HEALTH and DIET
CHILD (1-5 years)

FORM 133E (5/99)

Child's Name	Age	Client #

OPTIONAL

DIRECTIONS: **Please answer the questions on the front and back. Your answers will help us determine your child's health and nutrition needs for WIC. All information is confidential.**

WIC USE ONLY

computer fields
OPT = Optional

DOB _____

Ht/Lgth _____

Wt _____

Hgb/Hct _____

PROT _____

CALC _____

IRON _____

VITC _____

VITA _____

Brth Lgth (OPT$2 yr) _____

Brth Wt (OPT$ 2 yr) _____

(BF Data is OPT)
Ever BF: Y N U
Start Formula _____

Stop BF_____

Why _____

RISK FACTORS
_____
_____
_____
_____

1. Who is this child's doctor? _____
2. Is this child up to date on shots? **9 yes 9 no**

(28/45) 3. Describe any health problems this child has (do not include colds and flu). _____

(90/91/93) _____

(47) 4. Check any herbals, vitamins or medicine this child takes: **9 herbal:** _____

9 iron 9 fluoride 9 vitamin pills 9 medicine name: _____

5. Circle the foods this child eats:

milk or cheese vegetables fruits meats or protein breads or cereals

table foods junior foods baby foods (47)

6. Circle the kind of milk this child usually drinks:

(47) **lowfat (1% or 2%) nonfat (skim) raw milk (fresh from a cow) goat's milk**

whole (Vitamin D) soy milk (49) **Lactaid milk** (49)

(47) 7. Does this child usually drink more than 12 ounces of juice per day? **9 yes 9 no**

8. Do you have concerns about this child's diet or eating habits? _____

_____

(Many) 9. Is this child on a special diet? **9 yes 9 no** If yes, what: _____

(36) 10. Does this child use a bottle? **9 yes 9 no** If yes, when: _____

(35) 11. Does this child have tooth decay? **9 yes 9 no**

(47) 12. Does this child eat clay, paint chips, dirt, or other things that are not food? **9 yes 9 no**

13. Circle if this child has a problem with: **loose or hard stools**

swallowing gagging chewing throwing up

14. Does this child usually feed herself or himself? **9 yes 9 no** (47)

15. Who usually prepares food for this child? _____

16. If less than 2 years old:

(27) How much did this child weigh at birth? _____ How long? _____

The WIC Program is an equal opportunity provider and employer.

24 HOUR DIET RECALL

CHILD

Write everything your child had to eat or drink the day before this appointment.

If this is not the way your child usually eats, write the foods your child usually eats in a day.

Be very specific and write one food per line. See the example below.

TIME	FOOD	AMOUNT	PROT	CALC	IRON	VITC	VITA	OTHER	GRAIN	ECAL
12:30 pm	sandwich meat (turkey)	2 slices								
	bread	2 slices								
	apple	1/2								
WIC CLINIC USE		TOTAL (circle if low)								
		ADEQUATE 1 - 3 yr	2	3	10	1	0.5	---	---	---
		ADEQUATE 4 yr	2	2	7	1	0.5	---	---	---

Child Name: _____ WIC Staff Signature (CPA): _____ Date: _____