



## WIC INFORMATION REQUEST



### 6 Month Mid-certification BREASTFEEDING/POSTPARTUM

Your Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

1. Please tell us about any changes to eating habits, exercise, or health: \_\_\_\_\_  
\_\_\_\_\_

2. If you smoked in the last three months of your pregnancy, what was your cigarette usage per day? \_\_\_\_\_

3. Do you use smokeless, chewing tobacco or iqmik?  No  Yes - Times per day?

4. List any medication, vitamin, pre-natal vitamins, mineral or herbal supplement you are taking. \_\_\_\_\_  
\_\_\_\_\_



#### **To be completed by Health Care Provider (HCP)**

Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hgb/Hct: \_\_\_\_\_ Head Circumference: \_\_\_\_\_

Health care provider's signature:  
\_\_\_\_\_

Please return to Norton Sound Health Corporation  
WIC Office.

**NSHC WIC**

**P.O. Box 966**

**Nome, Alaska 99762**

Phone: 907-443-3299

Fax: 907-443-9723

Email: WIC-ALL@nshcorp.org

“In accordance with Federal Law and U.S. Department of Agriculture policy, the WIC Program is prohibited from discrimination on the basis of race, color, national origin, sex, age, disability, or religion. To File a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (voice and TTY). USDA is an equal opportunity provider and employer.”

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