Infant CTAD

Demographics

WIC ID: Initial Cert Date: Reinstate Cd:

LA/Site: Last Action: Termination Cd: Date:

VOC Xfer: Action Date: Suspension Cd: End Dt:

Part. Name L/F/M: SSN:

Payee Name L/F/M: SSN:

Address:

City/State/Zip:

Primary Phone: Second Phone:

Email Addr: Residence County:

Proxy Name:

Proxy Name:

Date of Birth: WIC Condition: Sex: EDC: AD Date:

TANF: Household Size: Residence Code: Migrant:

Food Stamps: Family Income: Income/RES Init Education:

Medicaid: Income Code: Referred from: Marital Status:

Self Declared: Referred to: Foster Care:

Hispanic: Is Race Observed or Declared:

RACE: White: Black/African Amer: Amer Ind/Alaskan: Asian: Pacific Islander:

Source of drinking water? Comments:

Behavior Input

1) Mother enrolled in WIC during pregnancy?:		(Y/N)
2) Has the mother ever breastfed any other children?:		(Y/N)
3) Mother received breastfeeding info from?:		(Code)
4) Was THIS infant ever breastfed?:		(Y/N/U)
5) Is this Infant/Child being breastfed now?:		(Y/N/U)
6) Age Infant/Child completely stopped breastfeeding?:		(Weeks)
7) If this infant was given any milk/formula other than breastmilk, at what age did this infant begin receiving it?:		(Weeks)
8) How old was this child when he/she was first fed something other than breastmilk or water? (Include Formula, Juice, Solid Food)		(Weeks)
9) Reasons breastfeeding stopped?:		(code)
10) Did any of the following WIC services or items encourage you to continue breastfeeding?:		(code)
11) How were you feeding your baby when you left the hospital?		(Code)
12) Date of Most Recent Breastfeeding Repsonse		

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Lifestyle Input

HOUSEHOLD SMOKE

Does anyone in your household smoke inside the house?: ☐ (Y/N)

TV / PHYSICAL ACTIVITY

About how many hours per day did your child sit and watch television or videos yesterday? ☐ Hours

5 A DAY

VEGETABLES - On a typical day, how many servings of vegetables does your child eat? ☐ Servings
Do not include french fries

FRUITS - On a typical day, how many servings of fruits does your child eat? ☐ Servings
Do not include fruit pies or juice drinks

Health Surveillance

Hemoglobin: ☐ Hematocrit: ☐
Lead: ☐
Blood Work Date: ☐ By: ☐
Last BLD Work Date: ☐
Blood Work Due: ☐
Medical Care: ☐ Medical Date: ☐
Medical Comments: ☐

Weeks Gest: ☐
Height: ☐ (Inches)
Weight: ☐ (lbs/ozs)
Hgt/Wgt Date: ☐
Last Hgt/Wgt Date: ☐
Birth Lgth: ☐ (In)
Birth Wt: ☐ (lbs/ozs)
BMI: ☐

Meas(R/S): ☐
Age ☐
Taken By: ☐
WtAge% ☐
HtAge% ☐
WtHt%: ☐
BMI%: ☐

Curr: Comments

☐ - ☐
☐ - ☐
☐ - ☐
☐ - ☐
☐ - ☐
☐ - ☐
☐ - ☐
☐ - ☐

☐ Underfeeding of formula
☐ Overfeeding of formula
☐ Feeding of cow's milk < 1 year of age (whole, 2%, low-fat, or skim)
☐ Established routine of feeding solids < 4 months of age
☐ Food or lactose intolerance
☐ Other patterns judged by CPA to be undesirable SPECIFY: ☐

Nutrition Education

Is this a secondary or follow-up high risk contact? (Y/N): ☐

Topics: Comments

☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

Given By: ☐ Date: ☐

Description:

Food Prescription

Current

Interval: ☐ Pick-up: ☐

Food Prescription: Interval:
☐ Month 1
☐ Month 2
☐ Month 3

Diagnosis ☐
WIC53 Expiration Date: ☐ By: ☐

Referred to: ☐ ☐ ☐

Comments ☐