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| --- | --- | --- | --- |
| Welcome to WIC! | | | |
| Date: | | WIC ID: | |
| Caregiver name: | | | |
| Notes from check-in: | | | |
| Name: |  |  |  |
| Appt. type: |  |  |  |
| Weight |  |  |  |
| Height/Length |  |  |  |
| Head circumference |  |  |  |
| Hemoglobin |  |  |  |
| Things we could talk about today: | | | |
| Next step? | | | |
| Referrals? | | | |
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