|  |
| --- |
| 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? |
| 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? |