

# New Hampshire WIC Program



## Medical Documentation Form-Anthropometrics/Hemoglobin/Hematocrit/Lead

By completing this form, you are helping your patient(s) by providing required documentation for participation in the NH WIC Program.

I, \_\_\_\_\_, authorize and request my child(ren)'s healthcare provider and NH WIC

Parent/Guardian name

staff to disclose/discuss information regarding this request for \_\_\_\_\_;

Child Name

DOB

\_\_\_\_\_/\_\_\_\_\_; and/or \_\_\_\_\_/\_\_\_\_\_. Except as

Child Name

DOB

Child Name

DOB

needed to comply with federal and state regulations, the information will not be shared with any other person or entity without my consent and will not affect my WIC eligibility.

Parent/Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:	Measurement	Date
<input type="checkbox"/> Length/ <input type="checkbox"/> Height	<input type="checkbox"/> IN <input type="checkbox"/> CM	
Weight	<input type="checkbox"/> LBS <input type="checkbox"/> KG	
<input type="checkbox"/> HGB/ <input type="checkbox"/> HCT		
Lead		

Name:	Measurement	Date
<input type="checkbox"/> Length/ <input type="checkbox"/> Height	<input type="checkbox"/> IN <input type="checkbox"/> CM	
Weight	<input type="checkbox"/> LBS <input type="checkbox"/> KG	
<input type="checkbox"/> HGB/ <input type="checkbox"/> HCT		
Lead		

Name:	Measurement	Date
<input type="checkbox"/> Length/ <input type="checkbox"/> Height	<input type="checkbox"/> IN <input type="checkbox"/> CM	
Weight	<input type="checkbox"/> LBS <input type="checkbox"/> KG	
<input type="checkbox"/> HGB/ <input type="checkbox"/> HCT		
Lead		

Provider' Name: (please print) \_\_\_\_\_

Medical office/clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Staff person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

### Return form to the following WIC Agency:

**Community Action  
Program Belknap-  
Merrimack Counties, Inc**  
Belknap, Coos, Grafton  
and Merrimack Counties  
**Email or fax to:**  
[WICoffice@bm-cap.org](mailto:WICoffice@bm-cap.org)  
Fax: 603-228-1898

**Goodwin Community  
Health Center**  
Carroll and Strafford  
Counties  
**Email or fax to:**  
[WICInfo@goodwinch.org](mailto:WICInfo@goodwinch.org)  
Fax: 603-994-6376

**Southern NH Services**  
Hillsborough and  
Rockingham Counties  
**Email or fax to:**  
[wicinfo@snhs.org](mailto:wicinfo@snhs.org)  
Fax: 603-624-8046

**Southwestern  
Community Services**  
Cheshire and Sullivan  
Counties  
**Email or fax to:**  
[wic@scshelps.org](mailto:wic@scshelps.org)  
Fax: 603-352-3618