

Date of Visit: _____ Date of Birth: _____ Current Weight: _____ Gender: M F

Birth Weight: _____ Language: English Spanish First WIC Visit: Yes No

Clothing (check 1): Diaper only _____ Onesie & diaper _____ Shirt & diaper _____

Feeding Method (check 1): _____ Exclusive Breastfeeding _____ Exclusive Formula _____ Mixed

Comments: _____



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