## WIC Health History for Infants

<table>
<thead>
<tr>
<th>Baby's name</th>
<th>Today's date</th>
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<table>
<thead>
<tr>
<th>Your name</th>
<th>Relationship to baby</th>
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<table>
<thead>
<tr>
<th>Birthdate</th>
<th>Date baby was due</th>
<th>Birth weight</th>
<th>Birth length</th>
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<thead>
<tr>
<th>Baby's doctor or clinic</th>
<th>Date of last doctor or clinic visit</th>
<th>Were you on WIC during this pregnancy?</th>
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<td></td>
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<td>Yes ☐ No ☐</td>
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### Please answer the questions below

**My baby breastfeeds**

- Every _______ hours or ___________ times a day and _________ times a night ☐ Not breastfed

**Check all that apply to your breastfed baby.**

- ☐ Weak suck
- ☐ Slow weight gain
- ☐ Problems latching on
- ☐ My baby has no problems breastfeeding
- ☐ Not breastfeeding
- ☐ Other

**Did you ever breastfeed your baby?**

- ☐ Yes ☐ No

**Still breastfeeding?**

- ☐ Yes ☐ No

**Why did you stop?**

- ☐ How old was your baby when you stopped? ______

**Was your baby born three or more weeks early?**

- ☐ Yes How many weeks? ________________ ☐ No

**Check any health problems your baby has.**

- ☐ Colic
- ☐ Reflux
- ☐ Teeth/gums
- ☐ Birth defects
- ☐ Slow weight gain
- ☐ Jaundice (yellow color)
- ☐ Other

**List your baby's medicines.**

- ☐ None

**Is your baby up to date on shots?**

- ☐ Yes ☐ No ☐ Don’t know

**Has the doctor tested your baby’s blood for lead?**

- ☐ Yes Results ________________________ ☐ No ☐ Don’t know

**Do you clean your baby's gums or teeth?**

- ☐ Yes ☐ No

**Check all that your baby takes.**

- ☐ Vitamins (vitamin D)
- ☐ Iron drops
- ☐ Fluoride drops
- ☐ Herbs
- ☐ Other

**List your baby's food allergies.**

- ☐ None

**How many times a day is your baby's diaper wet or dirty?**

- ☐ None

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<thead>
<tr>
<th>Location of CPA</th>
<th>HT</th>
<th>WT</th>
<th>BMI</th>
<th>HGB</th>
<th>Mom's BMI</th>
<th>Dad's BMI</th>
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HEA 4448 2/08
If you give your baby bottles, what is in the bottles?
- Breastmilk
- Formula
- Which formula? ____________________________
- No bottles used

How many ounces a feeding? __________ How often are the feedings? ________________ (38)

If you mix formula, what kind of water do you use?
- Well
- City
- Distilled
- Spring
- Nursery
- I don’t mix formula

Other _____________________________ (38)

Do you have special instructions for mixing your baby’s formula from your doctor?
- Yes
- No (38)

Do you have any questions about mixing your baby’s formula?
- Yes
- No (38)

If you use bottles for your baby, check all that apply.
- I wash my hands before fixing the bottle.
- I reuse leftover bottles of formula.
- I sterilize the bottles and nipples.
- I wash the bottles with hot, soapy water.
- I use the microwave to warm bottles.
- I do not give bottles. (38)

Other than breastmilk or formula, what else do you put into the bottle?
- Karo® syrup
- Juice
- Punch
- Cow’s milk
- Jell-O® water
- Sugar
- Pop
- Sheep/goat’s milk
- Tea/ coffee
- Cereal
- Honey
- Water
- Gatorade®
- Kool Aid®
- Baby foods
- Other _____________________________

Nothing (36, 38)

Check all that apply.
- Baby is fed with a spoon
- Baby uses an infant feeder
- Baby drinks from a cup
- Baby’s pacifier is dipped in _______________________
- Baby feeds self
- Baby goes to bed with a bottle
- Baby’s bottle is propped when feeding
- Baby is usually fed away from home (36, 38)

If your baby has started the following foods, at what age did you start
- Cereal
- Vegetables
- Fruit
- Juice
- Meat
- Dinners
- Desserts
- Cow’s milk

(36, 38)

Is there a working stove or microwave and refrigerator in your home?
- Yes
- No (38)

If anyone living in your home smokes, where do they smoke?
- Inside
- Outside
- Car
- No one smokes (46)

During the last six months, has your baby been physically, sexually or verbally abused or neglected?
- Yes
- No (67)

Do you have any questions or concerns?

_________________________________________________________