Authorization to release Information

I authorize the release of the delivery information below to the following NYS WIC Program (_____) and I authorize the WIC Program to release information about me to this healthcare provider for the purposes of coordinating my health care. If I need to transfer to another WIC Program, I authorize the release of this information to the transferring WIC Program. All information is considered confidential.

_____ _____

WIC Participant Signature **Date**

WIC Delivery Information

(To be completed by MD, PA, RN or RD only)

Mother	**Baby**
Mother's Name:_____	Date of Birth: _____/_____/_____ MALE or FEMALE
Weeks Gestation: _____ Gravida _____Para_____	Baby's FULL Name: _____
Total Pregnancy Weight Gained _____pounds	Birth Weight: _____lb _____oz Birth Length: _____
Post Delivery Weight _____ Date taken:____/____/____	Discharge Weight: ____lb ____oz Date: ____/____/____
Hgb. ____ and/or Hct. ____ Date taken:____/____/____	Hep B Vaccine Given? Y or N Date: ____/____/____
Pregnancy / Labor & Delivery Complications ☐ Gestational Diabetes ☐ Hypertension ☐ Premature Delivery ☐ Toxemia ☐ Other:_____	**Birth Defects or Medical Conditions** ☐ Medical Condition: _____ ☐ Genetic/Congenital Disorder: _____ ☐ Cardiac: _____ ☐ Hypoglycemia ☐ Other: _____

Mother / Infant Feeding

Was **Breastfeeding Initiated** at birth? ☐ Yes ☐ No

Discharge Feeding Method:

☐ Breastfeeding Fully ☐ Breastfeeding with Formula Supplement_____

☐ Formula Feeding with → ☐ Contract Formula (Enfamil, Good Start SOY, Gentlease, or Enfamil AR) OR
☐ Other NYS WIC approved formula *(DOCUMENTATION REQUIRED – DOH -4456)*

Breastfeeding Problems or Concerns Noted: *(Please call the local WIC office ASAP so that we can support a successful breastfeeding experience!)*

Hospital Name:	**Infant's Healthcare Provider Name (print):**
Signature of MD, PA, RN or RD completing this form:	**Date:**

Send Completed Form To:

SPCC-WIC
CANANDAIGUA OFFICE
79 S. Main Street, Canandaigua, NY 14424
PH: 585-394-9240 TEXT: 585-481-8488 FAX: 585-394-9285

This institution is an equal opportunity provider