

WIC Overseas PIMS - [1111] Training, Overseas

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Tuesday, February 09, 2016
You are logged in as: Jane Doe CTR

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New Participant Save

New Participant Information

Name: First Middle Last

Participant ID: /

Date of Birth: / / (mm/dd/yyyy)

Gender:

Race: American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

OMB #0720-0030
09/30/2016

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PREGNANT WOMAN 17 Years
Visit Date: 02/09/2016

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Sponsor Information

Sponsor's Military Branch/Civilian:

Sponsor's Pay Grade:

Participant Information

Participant Type:

Marital Status:

Participant Address

Mailing Address:

APO/FPO:

AE/AP:

Zip Code:

Home Phone:

Unit/Work Phone:

Home Email:

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

PREGNANT WOMAN 17 Years
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

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Participant Category

Presumptive Eligibility 

Income Data  Conditional Approval 

Economic Unit: 

Pay Amount Pay Frequency Pay Type  Pay Source Documentation Source 

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Educational Level/Language

Participant Education:

Primary Language:

Health Care Providers

Medical Treatment Facility: [Manage List](#)

Primary Care Manager (PCM) or Care Team: [Manage List](#)

Host Nation Provider/Facility: [Manage List](#)

Prenatal Care Provider: [Manage List](#)

WIC Overseas Participation

If a proxy will be used, enter full name:

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Sponsor Information

Name: First Middle Last

Relationship:

DEROS/PRD/RTD: / / (mm/dd/yyyy) [?](#)

Address

Mailing Address:

APO/FPO:

AE/AP:

Zip Code:

Home Phone:

Unit/Work Phone:

Home Email:

Work Email:

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Non-Sponsor Information (Spouse) Not Applicable

Name: First Middle Last

Relationship:

Address Same as Sponsor

Mailing Address:

APO/FPO:

AE/AP:

Zip Code:

Home Phone:

Unit/Work Phone:

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Authorization to Release Information

Height/Weight Information

Height (inches): ?

Weight (pounds): ?

Pre-Pregnancy Weight (pounds): Pre-Pregnancy BMI:

Blood Work Information ?

Hematocrit (%): ?

Hemoglobin (g/dL):

Blood Work Date: / / (mm/dd/yyyy)

CPA DataID 1

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Current Pregnancy History

Number of previous pregnancies:

Number of previous live births (twins equal 1 birth):

Expected delivery date: / / (mm/dd/yyyy)

Weeks gestation:

Number of fetuses:

Currently breastfeeding ?

Prenatal Care ?

Date prenatal care began: / / (mm/dd/yyyy)

Prenatal care has not begun:

Weeks gestation before first prenatal care visit:

Number of prenatal care visits since conception:

Pregnancy History

Gestational diabetes ?

Preeclampsia ?

Preterm delivery ?

Low birth weight ?

Spontaneous abortions ?

Fetal death ?

Neonatal death ?

Birth with a nutrition related congenital or birth defect ?

Birth of a large for gestational age (LGA) infant ?

CPA DataID 2

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Tobacco, Alcohol, Drug Use

Do you smoke any tobacco products? ?

Does anyone else living in your household smoke inside the home? ?

Do you drink any alcohol? ?

Participant uses illegal drugs? ?

Current Pregnancy Complications

Gestational diabetes ?

Preeclampsia ?

Weight loss of 2 or more pounds in 2nd or 3rd trimester ?

Low maternal weight gain ?

High maternal weight gain ?

Fetal growth restriction (FGR) ?

Hyperemesis gravidarum ?

Conception at or before 17 years of age ?

Conception before 16 months postpartum ?

High parity and young age ?

Do you plan to breastfeed?

CPA DataID 3

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Risk Conditions

Asthma, persistent requiring daily medications ?

Cancer ?

Celiac disease ?

Central nervous system disorders ?

Oral health conditions ?

Depression ?

Developmental, sensory or motor disabilities interfering with the ability to eat ?

Diabetes mellitus ?

Drug nutrient interactions ?

Eating disorders ?

Elevated blood lead levels \geq 10 micrograms/dl (past year) ?

Food allergies (not food intolerance) ?

Foster care ?

Gastrointestinal disorders ?

Genetic and congenital disorders ?

Hypertension and prehypertension ?

Hypoglycemia ?

Inborn errors of metabolism ?

Infectious diseases ?

CPA DataID 5

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Risk Conditions (cont)

Lactose intolerance Lupus erythematosus

Limited ability to make feeding decisions or prepare food

Nutrient deficiency diseases

Recent major surgery, trauma, burns

Recipient of abuse

Renal disease

Thyroid disorders

Cardiorespiratory disease

Cystic fibrosis

Heart disease

CPA DataID 6

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24-Hour Dietary Recall:

For each of the food groups, select the number of **SERVINGS** the participant has eaten in the past 24 hours.

	0	1	2	3	4	5	6+
Number of servings of bread, cereal, rice, and pasta:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of servings of vegetables:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of servings of fruit and/or fruit juice:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of servings of milk, yogurt or cheese:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of servings of meat, poultry, fish, dry beans, eggs or nuts:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Excessive fats, oils and sweets							

Nutrition Practices:

Check all that apply

Consuming dietary supplements w/potentially harmful consequences

Very low calorie and/or essential nutrient intake

Pica

Inadequate vitamin/mineral supplementation recognized as essential by public health policy

Ingestion of foods potentially contaminated with pathogenic microorganisms

CPA DataID 7

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Draft Information

Food Package Selection

Recommended Package:

Last Issued Food Package:

Would you like to: Proceed with last issued food package
 Choose food package

Food Package List

- PB0
- PB1
- PBD1
- XPBR1

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Referral

<input type="checkbox"/> Breastfeeding support group	<input type="checkbox"/> Health care provider
<input type="checkbox"/> Chaplain	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Community center	<input type="checkbox"/> Lactation consultant
<input type="checkbox"/> Dentist	<input type="checkbox"/> Legal
<input type="checkbox"/> Exceptional family member program (EFMP)	<input type="checkbox"/> New parent support program
<input type="checkbox"/> Family advocacy	<input type="checkbox"/> Smoking cessation
<input type="checkbox"/> Financial planning	<input type="checkbox"/> Substance abuse

Other Referral:

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Print

Main Report

WOMAN, PREGNANT		02/09/2016	
		03/09/2016	1111001826
3	gals.	skim, low fat, butter (lactose free,organic,soy,UHT) milk;	
OR 12	ltrs.	skim, low fat, butter (lactose free,organic,soy,UHT) milk	
2 - 11.5/12	oz.	frozen juice concentrate;	
OR 2 - 46/48	fl. oz.	cans/bottles single strength juice;	
OR 1 - 59-64	fl. oz.	carton/bottle single strength juice	
36	oz.	dry cereal	
1	dozen	eggs	

WOMAN, PREGNANT		02/09/2016	
		03/09/2016	1111001827
2	gals.	skim, low fat, butter (lactose free,organic,soy,UHT) milk;	