

### Mid Certification - Child (C1-C4)

CPA Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Reason Not Present:** ☐ Medical Equipment Not Transportable ☐ Confined to Bed Rest ☐ Serious Illness ☐ Transfer Out of State

#### **Breastfeeding Status ( Capture on children < 2 if BF status has changed)**

**Are you currently BF or pumping?** ☐ No ☐ Yes **Are you currently giving any supplemental formula?** ☐ No ☐ Yes

**Amount of BF:** ☐ Mostly ☐ Some **Was your baby ever BF or fed breast milk?** ☐ No ☐ Yes ☐ Unknown

**Date Supplemental feeding began:** \_\_\_\_\_ **Date BF ended:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Did you BF as long as you desired?** ☐ No ☐ Yes

#### **BF Information**

**How is BF going?** \_\_\_\_\_

**How many times is the child BF or given breast milk in a day (24 hours)?** \_\_\_\_\_

**Are there any concerns about BF?** \_\_\_\_\_

#### **BF Referral to:**

- ☐ WIC
- ☐ Community Support
- ☐ No Referral Made

#### **Reason Referred:**

- ☐ Nipple Issues
- ☐ Breast Surgery
- ☐ 1st Time Pregnant
- ☐ General Support
- ☐ Expecting Multiples
- ☐ Needs Support/Unsure
- ☐ Medical Condition

#### **Reason Not Referred:**

- ☐ Baby Being Placed for Adoption
- ☐ CPA Professional Judgement
- ☐ Client Declined
- ☐ No Local Referral Resource Available

#### **Lab Data**

**Immunization Status:** ☐ Reviewed ☐ Referred ☐ Declined

**Current Ht:** \_\_\_\_\_ **in** \_\_\_\_\_ **1/8** **Current Wt:** \_\_\_\_\_ **lbs** \_\_\_\_\_ **oz** \_\_\_\_\_ **HGB** \_\_\_\_\_

**No Blood:** ☐ **Exemption Reason:** ☐ CPA Determined Blood work skip ☐ Delayed Blood Work  
☐ Medical Condition Prevents Safe Collection ☐ Religious Belief

#### **Mid Certification**

**Has the child's health changed in the last few months?** \_\_\_\_\_

**How do you feel the child is growing?** \_\_\_\_\_

**How do you feel the child is eating?** \_\_\_\_\_

**Are there any foods (groups) the child dislikes or is unable to eat?** \_\_\_\_\_

**Tell me about the child's activities and interests?** \_\_\_\_\_

#### **Nutrition Risk (\*= High Risk)**

##### **Medical Conditions**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> *134 Failure to Thrive            | <input type="checkbox"/> 346 Renal Disease                    | <input type="checkbox"/> 354 Celiac Disease                      | <input type="checkbox"/> 360 Other Medical Conditions       |
| <input type="checkbox"/> 151 Small for Gest. Age (< 24 mo) | <input type="checkbox"/> *347 Cancer                          | <input type="checkbox"/> 355 Lactose Intol.                      | <input type="checkbox"/> 362 Dvlpmntl, Sens.or Motor Delays |
| <input type="checkbox"/> 341 Nutrient Deficiency Diseases  | <input type="checkbox"/> 348 Central Nervous System Disorders | <input type="checkbox"/> 356 Hypoglycemia                        | <input type="checkbox"/> 381 Oral Health Conditions         |
| <input type="checkbox"/> 342 Gastro-Intestinal Disorders   | <input type="checkbox"/> 349 Genetic and Congenital Disorders | <input type="checkbox"/> 357 Drug Nutrient Interactions          |   |
| <input type="checkbox"/> *343 Diabetes Mellitus            | <input type="checkbox"/> 351 Inborn Errors of Metabolism      | <input type="checkbox"/> 358 Eating Disorders                    | <input type="checkbox"/> 382 Fetal Alcohol Syndrome         |
| <input type="checkbox"/> 344 Thyroid Disorders             | <input type="checkbox"/> 352 Infectious Diseases              | <input type="checkbox"/> 359 Recent Major Surgery, Trauma, Burns |   |
| <input type="checkbox"/> 345 HTN or PreHTN                 | <input type="checkbox"/> 353 Food Allergies                   |  |   |

##### **Nutrition and Other Risk Factors**

- |   |   |
|---|---|
| <input type="checkbox"/> 401 Failure to Meet Dietary Guidelines (>2yo)  | <input type="checkbox"/> *902 Woman or Infant/Child of Primary Caregiver w/ Limited |
| <input type="checkbox"/> *425.01 Routinely feeding inappropriate beverages as primary milk source                               | <input type="checkbox"/> 903 Foster Care  |
| <input type="checkbox"/> 425.02 Routinely feeding a child any sugar-containing fluids   |   |
| <input type="checkbox"/> 425.03 Routinely using nursing bottles, cups or pacifiers improperly                                   |   |
| <input type="checkbox"/> 425.04 Routinely using feeding practices that disregard the developmental needs or stages of the child |   |
| <input type="checkbox"/> 425.05 Feeding foods to a child that could be contaminated with harmful microorganisms                 |   |
| <input type="checkbox"/> 425.06 Routinely feeding a diet very low in calories and/or essential nutrients                        | <input type="checkbox"/> 904 Env. Tob. Smoke Exposure                               |
| <input type="checkbox"/> 425.07 Feeding dietary supplements with potentially harmful consequences                               |   |
| <input type="checkbox"/> 425.08 Routinely not providing dietary supplements recognized as essential                             |   |
| <input type="checkbox"/> *425.09 Routine ingestion of nonfood items (PICA)  |   |
| <input type="checkbox"/> 428 Dietary Risk associated with complementary feeding practices (12-23mos)                            |   |
| <input type="checkbox"/> 501 Possibility of Regression  |   |
| <input type="checkbox"/> 901 Recipient of Abuse   |   |

<b><u>Nutrition Education</u></b>	
<b>Method:</b> <input type="checkbox"/> Ind - F/U <input type="checkbox"/> HH - F/U	
<b><u>Topic</u></b>	
<b><u>Referrals</u></b>	
<b><u>Food Package</u></b> <input type="checkbox"/> Infant Cereal <input type="checkbox"/> CVB (9-11 mos) <input type="checkbox"/> Baby Fruit/Veg <input type="checkbox"/> Baby Meats	<b><u>Type of Formula/Medical Food:</u></b>
	<b><u>Amount per day:</u></b>
<b><u>Notes</u></b>	
<input type="checkbox"/> NE Counseling Note <input type="checkbox"/> Ind Care Plan/Follow Up	<b><u>General Note:</u></b>
<b><u>Benefit Issuance:</u></b> <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Tri-Monthly	
<b>Schedule Appointment:</b>	