

**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)**

- |  |   |  |   |
|--|---|--|---|
| <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**

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

**Nutrition Education**

**Method:**  Ind - F/U  HH - F/U

**Topic**

**Referrals**

**Food Package**

- Infant Cereal  CVB (9-11 mos)  
 Baby Fruit/Veg  
 Baby Meats

**Type of Formula/Medical Food:**

**Amount per day:**

**Notes**

- NE Counseling Note  Ind Care Plan/Follow Up

**General Note:**

**Benefit Issuance:**  Monthly  Bi-Monthly  Tri-Monthly

**Schedule Appointment:**