Manual Certification Form for a Child (C1-C4)

CPA Signature:_____ **Date:**_____

Present for Cert: ☐

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

Breastfeeding Status (Capture information at initial cert or if BF status has changed on children < 2)

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

Amount of BF: ☐ Mostly ☐ Some **Was the child 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

(If initial child cert) Birth Length: _____in _____1/8 ☐ unknown **Birth Weight:_____lbs _____oz** ☐ unknown

Completed Wks of Gestation:_____lbs ☐ unknown **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

Health Information

How do you feel the child is growing?_____

Does the child take any medicine? ☐ No ☐ Yes What kind?_____

Do you give the child vitamins/minerals? ☐ No ☐ Yes **What kind?**_____

If yes, excessive? ☐ No ☐ Yes

Do you give the child herbal products? ☐ No ☐ Yes **What kind?**_____

Has the child been experiencing: Constipation / Diarrhea / Vomiting or Upset Stomach / Nausea
Difficulty Chewing or Swallowing

Does the child go for regular dental check-ups? ☐ No ☐ Yes

Does anyone smoke inside the home? ☐ No ☐ Yes

Nutrition Information

How do you feel the child is eating?_____

Is the child on any formula or special diet? ☐ No ☐ Yes What kind?_____

How does the child (if less than 3) feed himself/herself?_____

How many times a day does the child eat (including meals and snacks)? _____

What beverages does the child drink on most days? _____

Does the child consume any non-food items? ☐ No ☐ Yes **What items?**_____

Does the child consume any cold deli meats or hot dogs, raw or undercooked meats or eggs, soft cheese, raw fish, raw sprouts, or unpasteurized foods? ☐ No ☐ Yes **What kinds?**_____

How many hours a day does the child have screentime? (TV, video, cell phone)

Nutrition Risk (*= High Risk)

Medical Conditions

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

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
- ☐ *425.09 Routine ingestion of nonfood items (PICA)
- ☐ 425.08 Routinely not providing dietary supplements recognized as essential
- ☐ 425.07 Feeding dietary supplements with potentially harmful consequences
- ☐ 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 - Cert ☐ HH - Cert ☐ Ind - F/U ☐ HH - F/U ☐ Internet - F/U ☐ Group - 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: