the Chickasaw Nation

Department of Health / Nutrition Services Division
Women, Infants, and Children Program

Bill Anoatubby
Governor

Measurement Request Form

Please complete the form and send it to the appropriate WIC clinic.

Patient Information:

Name: _____
First Middle Last Suffix

Birth date: _____

Date measurements taken: _____ (measurements must be completed within 60 days to be utilized for WIC certification)

Weight: _____ ☐ Pounds/ounces ☐ Kilograms

Length/height: _____ ☐ Inches ☐ Centimeters ☐ Recumbent ☐ Standing

Authorization of lactation information to be shared for lactation support services through WIC:
I acknowledge that I have been referred to the Chickasaw Nation Women, Infant, and Children (WIC) program for lactation support services. For the purposes of the referral, I authorize the Chickasaw Nation Department of Health (CNDH) to disclose height, weight, and breastfeeding information to CNDH WIC staff. I understand that I will be contacted by a WIC staff member to discuss lactation support services.

_____ _____
Patient signature Date/time

Required Health Care Provider Information:

Name: _____

Phone no.: (___) _____ Fax no.: (___) _____

Email address: _____

_____ _____
Health care provider signature Date/time

Feeding plan:

_____
_____
_____
_____

WIC Clinic Contact Information:

Ada/CNMC	Fax no.: (580) 421-4578	AdaWic@Chickasaw.net
Ardmore	Fax no.: (580) 226-4883	ArdmoreWic@Chickasaw.net
Duncan	Fax no.: (580) 225-0758	DuncanWic@Chickasaw.net
Pauls Valley	Fax no.: (405) 331-2315	PaulsValleyWic@Chickasaw.net
Purcell	Fax no.: (405) 527-2448	PurcellWic@Chickasaw.net
Sulphur	Fax no.: (580) 622-7198	SulphurWic@Chickasaw.net
Tishomingo	Fax no.: (580) 387-2703	TishomingoWic@Chickasaw.net