## Pregnant Women Application Women, Infants, Children (WIC) Program, Alaska Department of Health & Social Services

Today's Date \_

1. Name (First, Middle, Last)	2. Birth Date 333 333 333	3. Due Date

## **Current History**

7. How is your pregnancy going? Please tell us if you have any concerns.

8. The date I started seeing a doctor for this pregnancy was?	I have not started seeing a doctor for this pregnancy.	334 503
9. When was your last pregnancy? (Month, Year)	10. How many babies are you expecting?	332 335

11. How many times have you been pregnant? (Do not count this pregnancy)

12. How old are your children?

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33. Check the box if you are eating any these foods.
Raw sprouts: alfalfa, clover and radish
Raw or undercooked: PHDW FKLFNHQ WXUNH\ 4VK HJJV Soft cheese made with unpasteurized milk:
Uncooked refrigerated smoked seafood 427.05