1908 2ND. ST. GALENA PARK, TX 77547

P (832) 386-2000

F (832) 386-2020



## **Galena Park ISD Early Head Start WIC Individualized Nutrition Plan**

Child's Name:			DOB:	
I.	Please provide the follow	ing information	:	
Не	eightin. Weight	Ibs.	Hgb or Hct:	
Ne	ext Date Due:			
II.	Type of counseling received (circle all that apply):			
	Breast Feeding support/ e Anemia Dental Caries Overfeeding Introduction of solid food Budgeting		Meal Planning Bottle- feeding Pregnancy Underfeeding Grocery buying Other:	
II.		-	in/ recommendations:	
V.	Next appointment date:			
	Signature of person comp	leting form/ titl	e Date	
	Address			
	Phone number			