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

To	day's Date		
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1. Name (First, Middle, Last)	2. Birth Date	331 3. Due Date
		333

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?			
11. How many times have you been pregnant? (Do not count this pregnancy)				
12. How old are your children?		333		
		338		

33. Check the box if you are eating Raw sprouts: alfalfa, clover ar Raw or undercooked: PHE Uncooked refrigerated smoked	nd radish DW FKLFNHQ	W X U N H \	4 V K HJJ V Soft che	/ ese made with unpa	steurized milk:	427.0