



PARTICIPANT			
<b>Participant ID:</b> E251-4211-2734-00	<b>Cur Last Name:</b> EXAMPLE	<b>Cur First Name:</b> ALLISON	<b>Sec Last Name:</b>
<b>Group ID:</b>	<b>Address:</b> 123 TEST WAY		
<b>Birth Date:</b> 05/10/2012	<b>Age:</b> 0 m	SPRINGFIELD	IL 62704

PA11 - BIRTH DATA			
<b>Birth Weight (LBS/OZS):</b> 9 LBS 0 OZ	<b>Infant of WIC Mother at Birth:</b> Y		
<b>Birth Weight (Grams):</b> 4086	<b>Birth Length:</b> 21 /8 IN	53.34 CM	<b>Mother's ID:</b> 8200-16C8-0663-00
<b>Head Circumference:</b> 36.0 CM	<b>5 Min. APGAR Score:</b>		
<b>APORS:</b> N	<b>ICU Admission:</b> N		
<b>Infant Complications:</b>	<input type="text"/>		
<b>Disposition at Discharge:</b>	<b>Cause/Death:</b>		
<b>Date of Death:</b> / /	<b>Birth Certificate Number:</b>		
<b>PLACE OF BIRTH INFORMATION</b>			
<b>Hospital ID:</b> 0875	MEMORIAL MEDICAL CENTER	<b>Type of Place:</b> IH	INPATIENT HOSPITAL
<b>City:</b> SPRINGFIELD	<b>State:</b> IL	<b>County:</b> 167	SANGAMON

F9=INFANT/CHILD HEALTH VISIT



Cornerstone 12.5mtr059

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

FUITEN, MELISSA 300010 CORNERSTONE 05/29/2012

**PARTICIPANT**

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<b>Birth Date:</b> 05/10/2012	<b>Age:</b> 0 m	SPRINGFIELD	IL 62704

**PA09 - INFANT/CHILD HEALTH VISIT**

<b>Visit Date:</b> 05/25/2012	<b>Type of Service:</b> WCIP WIC CERT-INF/PRELIM		
<b>Anthro Date:</b> / /	<b>Provider:</b>		
<b>Hgb/Hct Date:</b> / /	<b>Hgb:</b> 99.9 (GM/100ML)	<b>Hct:</b> 99.9 %	
<b>Head Circumference:</b>	<b>Percentile:</b>	<b>Height:</b> 9 FT 99 9 / 8	<b>Percentile:</b>
<b>ETS - Others Living In Household:</b> N	<b>Weight:</b> 999 LBS 99 OZ	<b>Percentile:</b>	<b>BMI:</b> 0.0
<b>Blood Pressure:</b> /	<b>Vitamin/Mineral:</b>		
<b>LEAD SCREENING</b>	<b>Diagnosis:</b>		
<b>Date:</b> / /	<b>Results:</b>	<b>Diagnosis:</b>	
<b>Method:</b>	<b>Diagnosis:</b>		
<b>EDC Date:</b> / /	<b>Weeks Gestation:</b> 0	<b>Adjusted Age:</b> 0 Mos	<b>Chronological Age:</b> 0 Yrs 0 Mos
<b>BREASTFEEDING INFORMATION</b>		<b>SCREENINGS:</b>	
<b>Ever Breastfed:</b> N	<b>Breast Pump:</b>	N Dental	
<b>Currently Breastfeeding:</b> N		N Developmental	
<b>Date BF Ceased:</b> / /		N Mental Health	
<b>Reason BF Ceased:</b>		N Hearing	
<b>Age First Formula:</b> WEEKS		N Vision	
<b>Any Supplementary Feeding:</b> Y		N Substance Abuse	
<b>First Date of Supplemental Feeding:</b> 05/10/2012		N Tuberculosis	

F8 = LEAD SCREENING F9=ASSESSMENT F10=BREAST PUMP PGUP PGDN

Start Cornerstone 12.5mtr... 1:59 PM

Cornerstone 12.5mtr059

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

FUITEN, MELISSA 300010 CORNERSTONE 05/29/2012

**PARTICIPANT**

Participant ID: E251-4211-2734-00 Cur Last Name: EXAMPLE Cur First Name: ALLISON Sec Last Name:

Group ID: - - - Address: 123 TEST WAY

Birth Date: 05/10/2012 Age: 0 m SPRINGFIELD IL 62704

**WIC GROWTH CHARTS - hspr121y.frx**

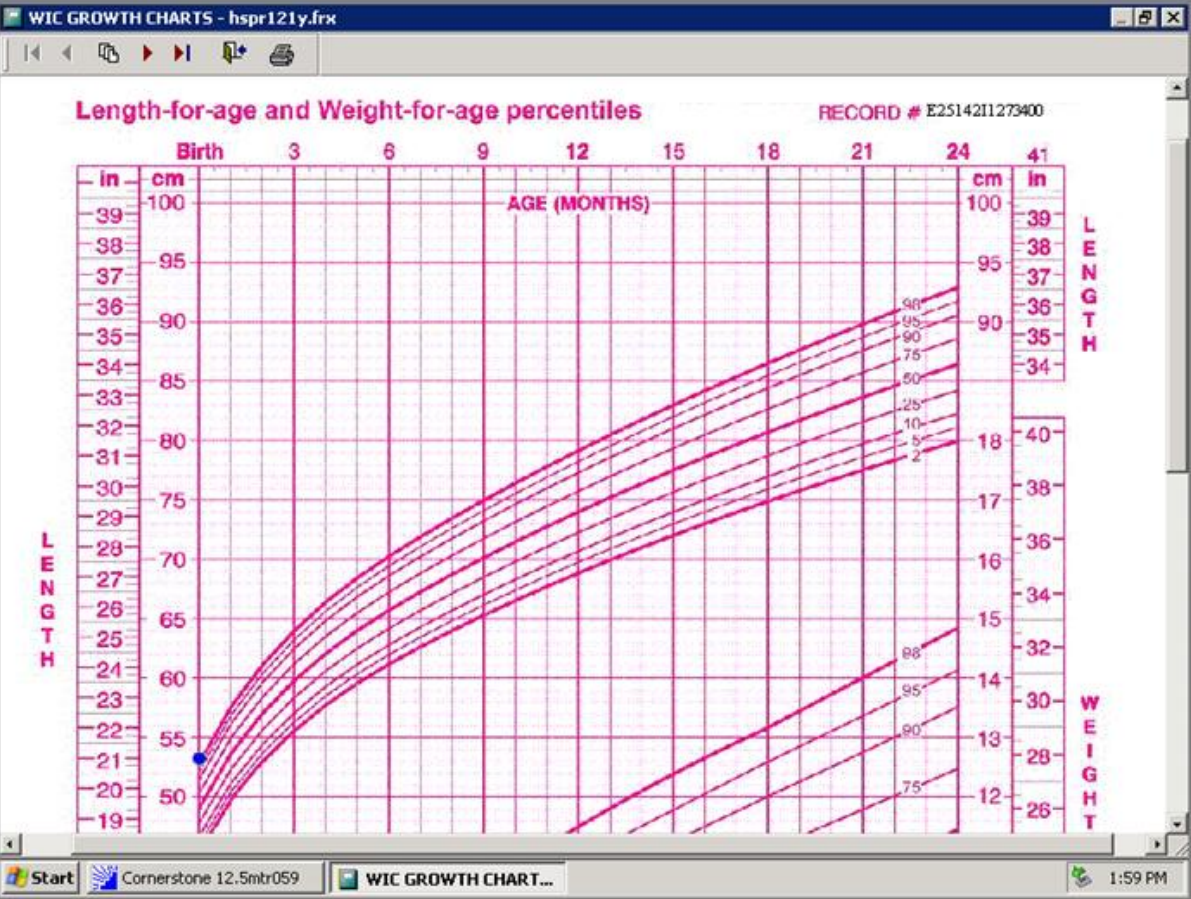
Length-for-age and Weight-for-age percentiles RECORD # E251421127:

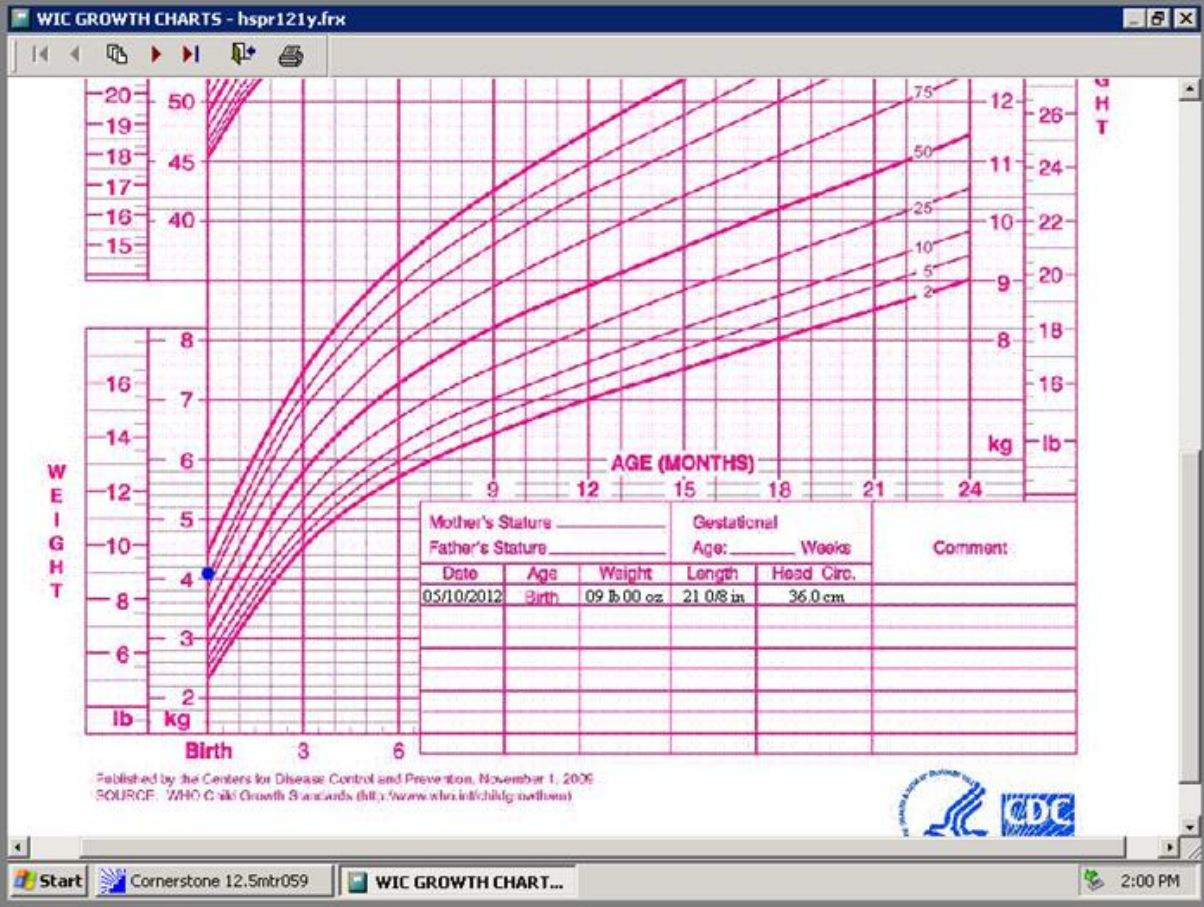
Birth 3 6 9 12 15 18 21 24

in cm AGE (MONTHS) cm

Age (Months)	90th Percentile (cm)	75th Percentile (cm)	50th Percentile (cm)	25th Percentile (cm)	10th Percentile (cm)	5th Percentile (cm)	18th Percentile (cm)
18	90	85	80	75	70	65	60
21	92	87	82	77	72	67	62
24	94	89	84	79	74	69	64

Start Cornerstone 12.5mtr059 WIC GROWTH CHART... 2:00 PM





Cornerstone 12.5mtr059

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

FUITEN, MELISSA 300010 CORNERSTONE 05/29/2012

**PARTICIPANT**

Participant ID: E251-4211-2734-00 Cur Last Name: EXAMPLE Cur First Name: ALLISON Sec Last Name:

Group ID: - - - Address: 123 TEST WAY

Birth Date: 05/10/2012 Age: 0 m SPRINGFIELD IL 62704

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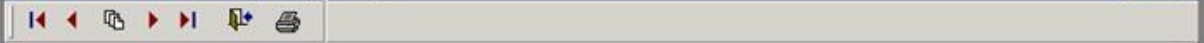
WIC GROWTH CHARTS - hspr121y.frx - Page 2

RECORD # E25142112

**HEAD CIRCUMFERENCE FOR AGE AND Weight-for-length percentiles**

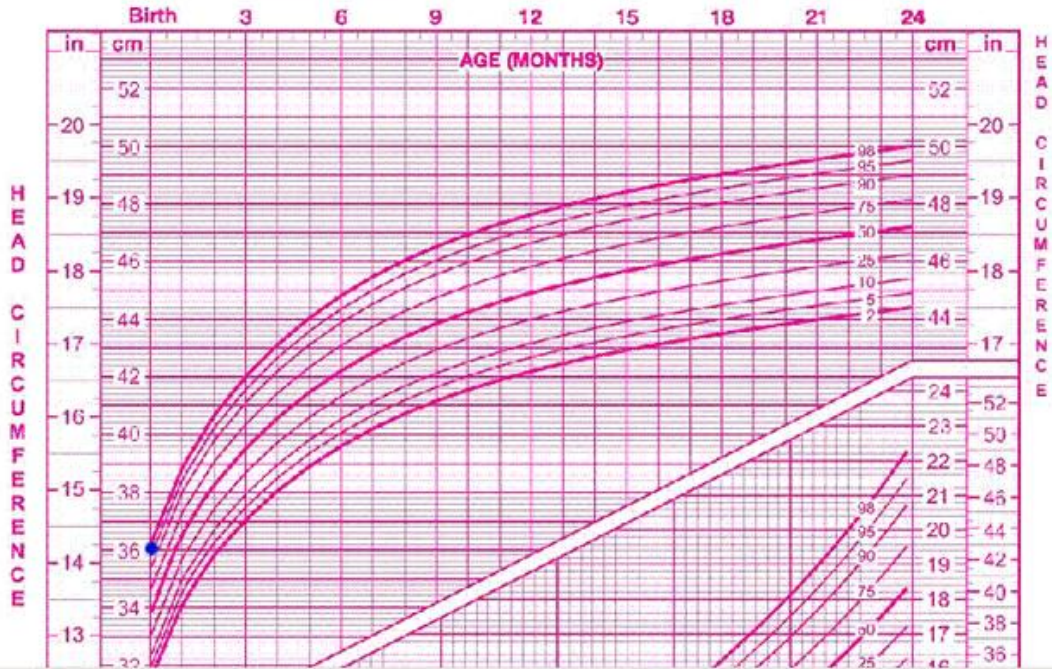
Age (Months)	Head Circumference (cm)
Birth	45.5
3	46.5
6	47.5
9	48.5
12	49.0
15	49.2
18	49.4
21	49.5
24	49.5

Start | Cornerstone 12.5mtr... | WIC GROWTH CHARTS - ... | 2:00 PM

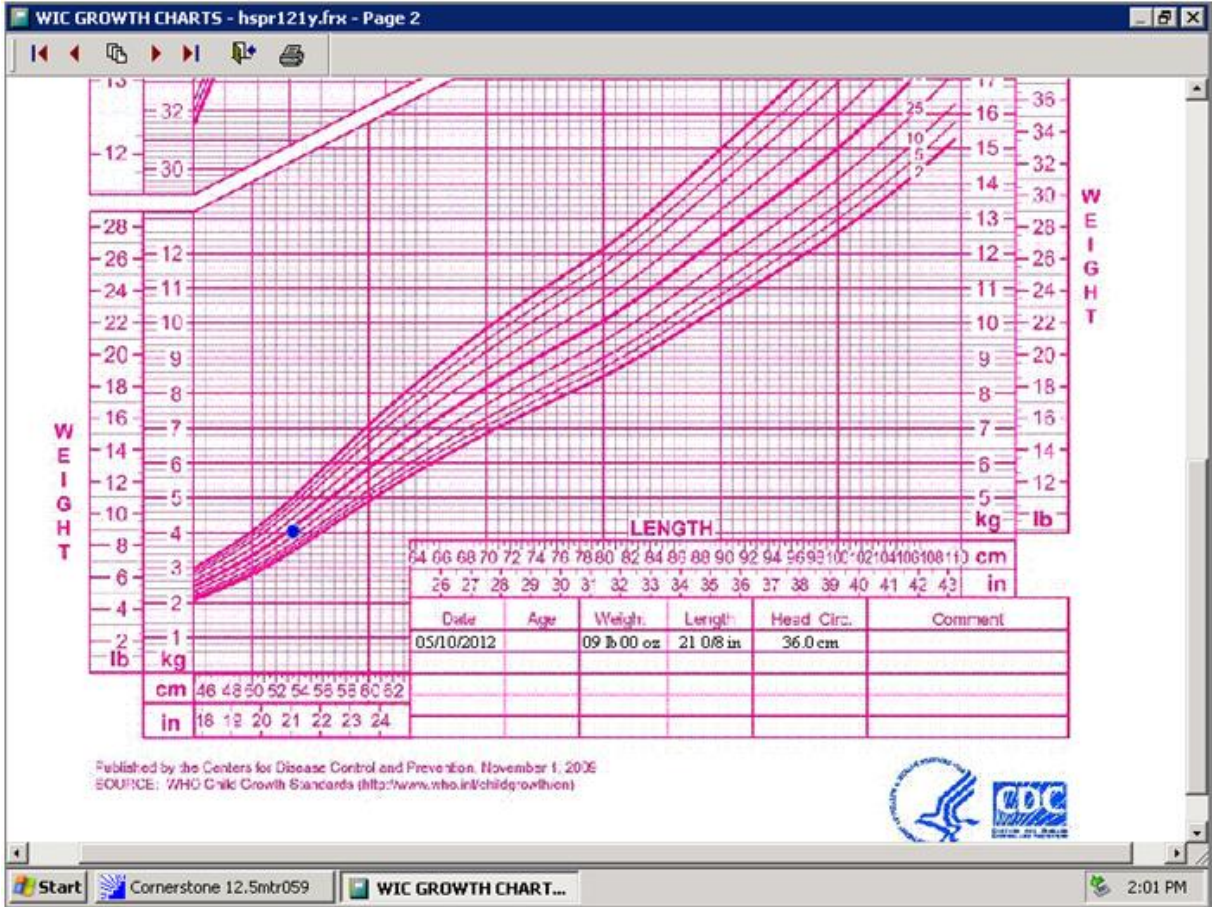


Head circumference-for-age and  
Weight-for-length percentiles

RECORD # E2514211273400







REPORT: GROWTH CHART  
RUN DATE: 05/29/2012

STATE OF ILLINOIS  
CORNERSTONE  
GROWTH CHART RECORD

PAGE: 3 of 3

PARTICIPANT INFORMATION

PARTICIPANT ID: E251-4211-2734-00  
NAME: EXAMPLE, ALLISON

DOB: 05/10/2012  
AGE: 19 DAYS

GENERAL VISIT DATA

VISIT DATE	AGE AT VISIT	AGE PLOTTED	HEIGHT	WEIGHT	HEADCIRC	BMI	COMMENTS
05/10/2012	BIRTH	BIRTH	21 0/8 in	09 1b 00 oz	36.0 cm		

PERCENTILES

VISIT DATE	AGE AT VISIT	AGE PLOTTED	LEN4AGE	WGT4AGE	HEADCIRC	BMI	WGT4LEN
05/10/2012	BIRTH	BIRTH	98.8	95.1	96.3		46.0

Cornerstone 12.5mtr059

F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit

FUITEN, MELISSA 300010 CORNERSTONE 05/29/2012

**PARTICIPANT**

Participant ID: E251-4211-2734-00	Cur Last Name: EXAMPLE	Cur First Name: ALLISON	Sec Last Name:
Group ID: - - -	Address: 123 TEST WAY		
Birth Date: 05/10/2012	Age: 0 m	SPRINGFIELD	IL 62704

**PA44 - WIC GROWTH CHARTS**

PARTICIPANT ID: E2514211273400  
NAME: EXAMPLE, ALLISON  
DOB: 05/10/2012  
AGE: 19 DAYS  
LAST ANTHRO VISIT: 05/10/2012  
HEIGHT: 21 0/8 in  
WEIGHT: 09 lb 00 oz  
HEAD CIRCUMFERENCE: 36.0 cm

GROWTH CHARTS FOR PARTICIPANT E2514211273400 WERE JUST DISPLAYED

[VIEW CHARTS AGAIN](#)

[PRINT GROWTH CHARTS](#)

Start Cornerstone 12.5mtr... 2:01 PM

Cornerstone 12.5mtr059  
F1=Help F3=Return F4=Save F5=Add F6=Edit F7=Delete F11=Next F12=Cancel TextEdit  
FUITEN, MELISSA 300010 CORNERSTONE 05/29/2012

**PARTICIPANT**

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Group ID: Address: 123 TEST WAY  
Birth Date: 05/10/2012 Age: 0 m SPRINGFIELD IL 62704

**AS02 - WIC**

**CHP:**  
Certification Date: / /  
Scheduled Term Date: / /  
Priority: 0  
Category: INFANT  
Education Scheduled: 0 Attended: 0  
Base Date: / /

USE MONTH	FOOD PKG	USE MONTH	FOOD PKG	USE MONTH	FOOD PKG	USE MONTH	FOOD PKG
5		8		11		2	
6		9		12		3	
7		10		1		4	

**RISK FACTORS**

RISK	DESCRIPTION
M050	LARGE FOR GESTATIONAL AGE
O010	INFANT WIC MOTHER

F9=SCHEDULE F10=MP/FORMULA PGUP PGDN

Start Cornerstone 12.5mtr... 2:02 PM

**RP01 ON-REQUEST REPORT SELECTION**

Report ID: HSPR0121      Report Name: WIC Growth Charts  
 Grp/Part. ID: **E251-4211-2734-00**      Clinic ID: 300010      Loc. Code:   
 Provider ID:       Employee ID: 3051987      Pgm. Code:   
 Pgm. Status:       Pgm Category:       Assess. Type:   
 Schedule ID:       Start Time:       County Code:   
 Service Code:       Activity Code:       Report Mo/Yr: 00/0000  
 Select/As of Date: / /      Start Date: / /      End Date: / /  
 Minimum Age in Years:       Maximum Age:       Semi/Annual:   
 Vendor ID:       Agency ID:

Print Options:  To the Screen     To the Printer     To a File...

F3=EXIT    F9=RUN REPORT    F12=CANCEL REPORT

REPORT SELECTION (ENTER=SELECT REPORT    ESC=EXIT)

REPORT #	REPORT NAME
HSPR0107	WIC Participation by Priority and Category
HSPR0108	WIC Education Summary
HSPR0112	WIC Verification of Certification (VOC)
HSPR0114	Participant Master Record - For WIC
HSPR0116	WIC - Special Formula
HSPR0117	WIC Breastfeeding Initiation Report
HSPR0118	WIC Breastfeeding Reason Ceased
HSPR0119	WIC Breastfeeding Follow Up Report
HSPR0120	WIC Breastfeeding Quality Assurance Report
HSPR0121	WIC Growth Charts