



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>		
PLACE OF BIRTH INFORMATION			
<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
<b>F9=INFANT/CHILD HEALTH VISIT</b>			



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>Group ID:</b>	<b>Address:</b> 123 TEST WAY		
<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**

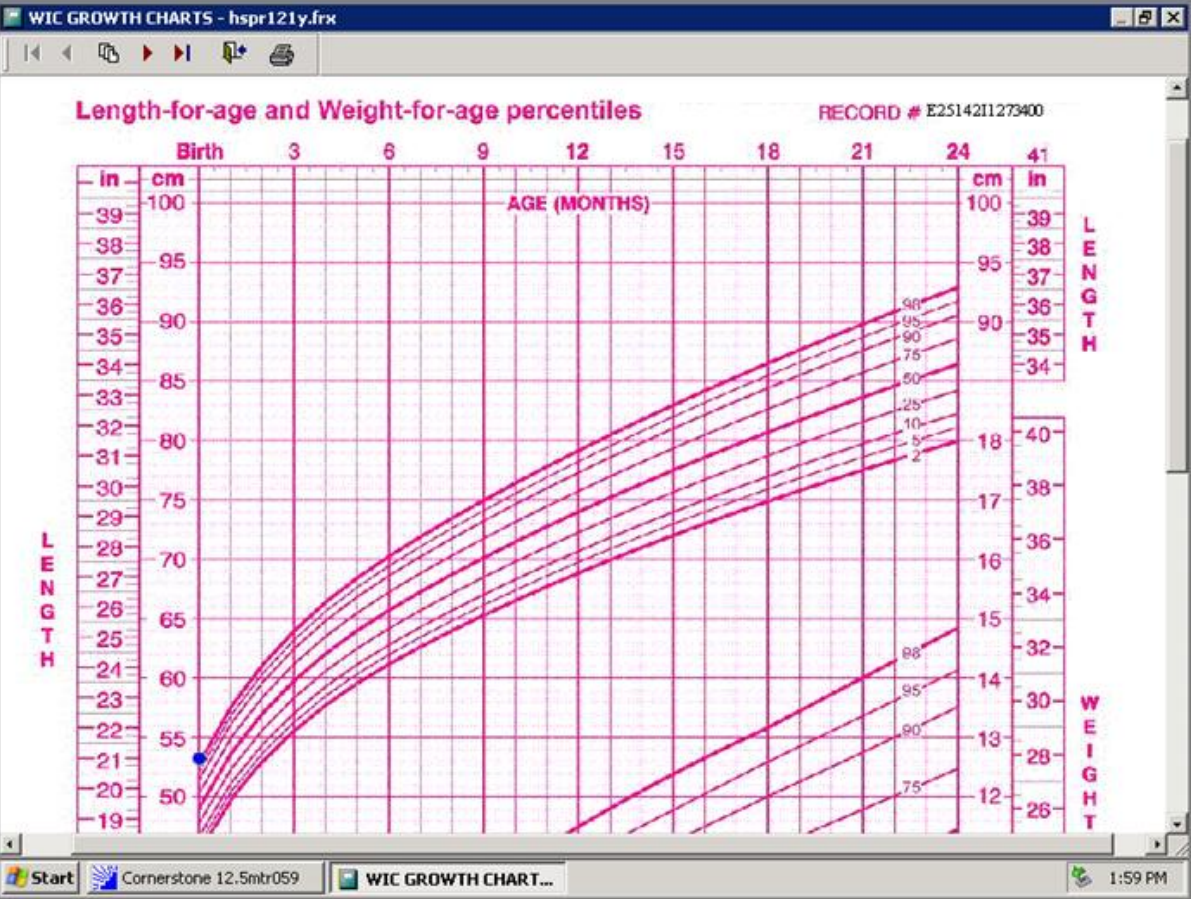
Length-for-age and Weight-for-age percentiles RECORD # E251421127:

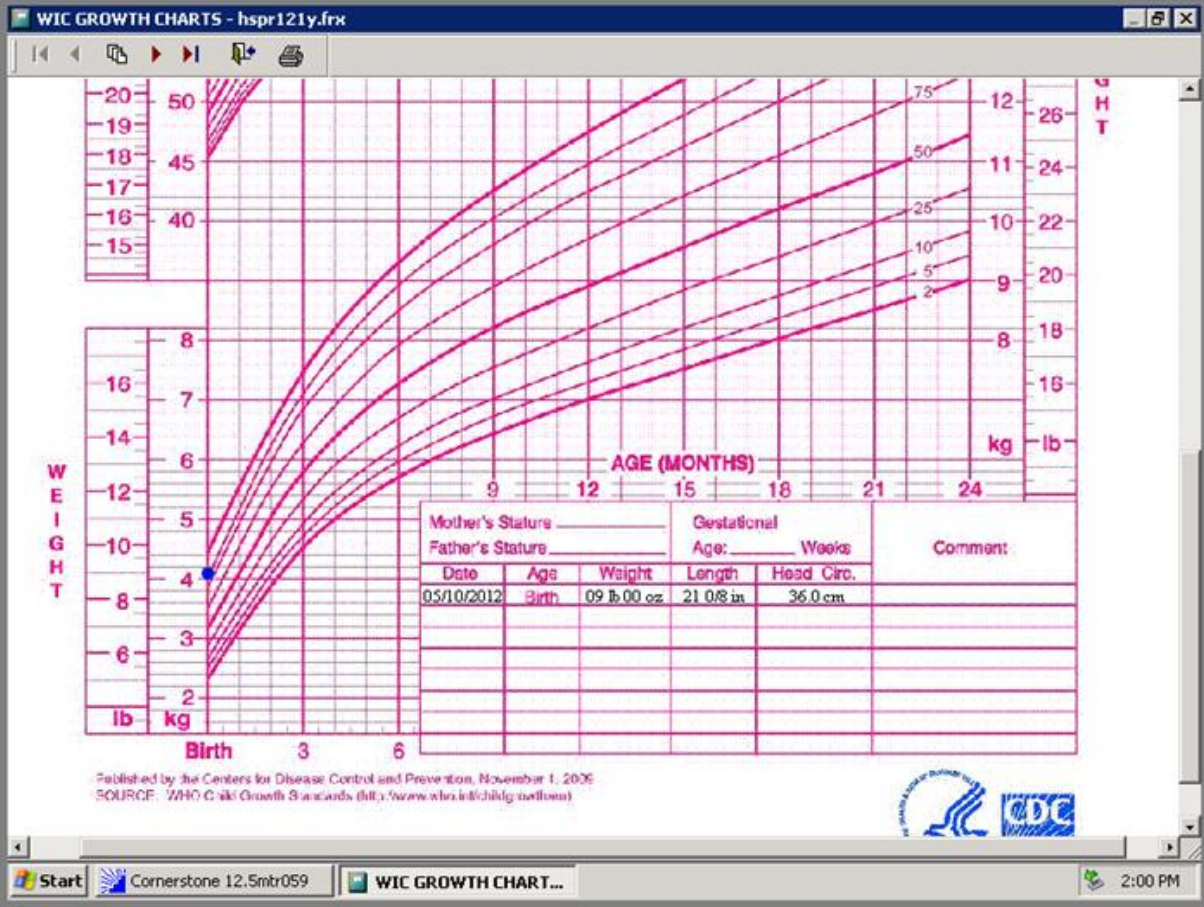
Birth 3 6 9 12 15 18 21 24

in cm AGE (MONTHS) cm

Age (Months)	Length (in)	Length (cm)
Birth	32	80
3	32.5	83
6	33	84
9	33.5	85
12	34	86
15	34.5	88
18	35	89
21	35.2	90
24	35.5	90

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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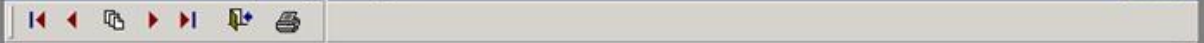
WIC GROWTH CHARTS - hspr121y.frx - Page 2

RECORD # E25142112

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

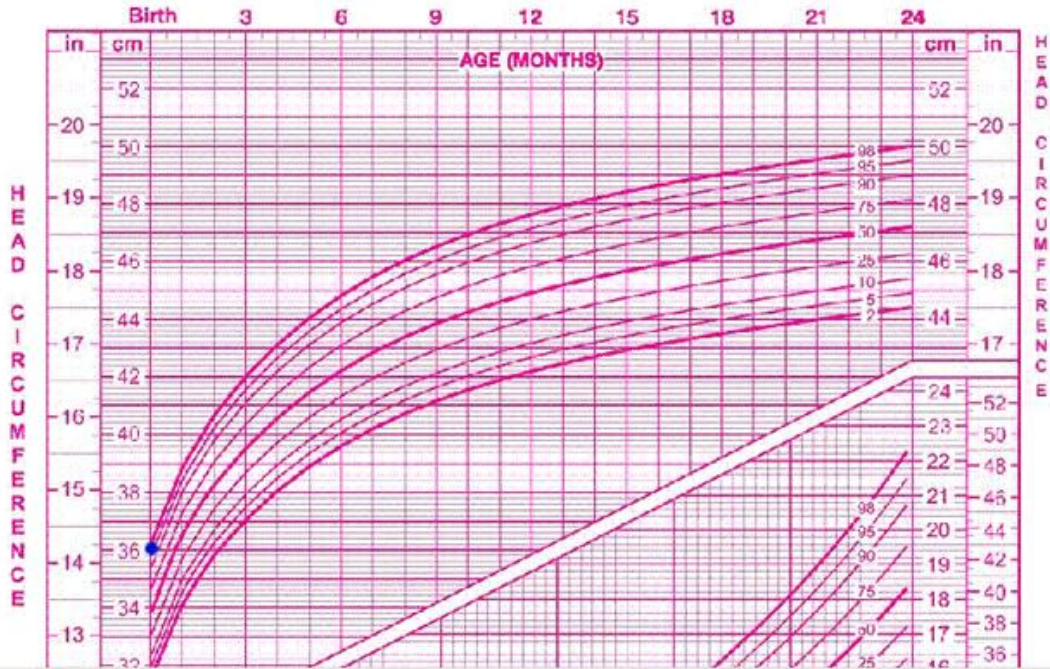
AGE (MONTHS)	HEAD CIRCUMFERENCE (cm)
Birth	45.5
3	46.5
6	47.5
9	48.5
12	49.0
15	49.2
18	49.4
21	49.5
24	49.5

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

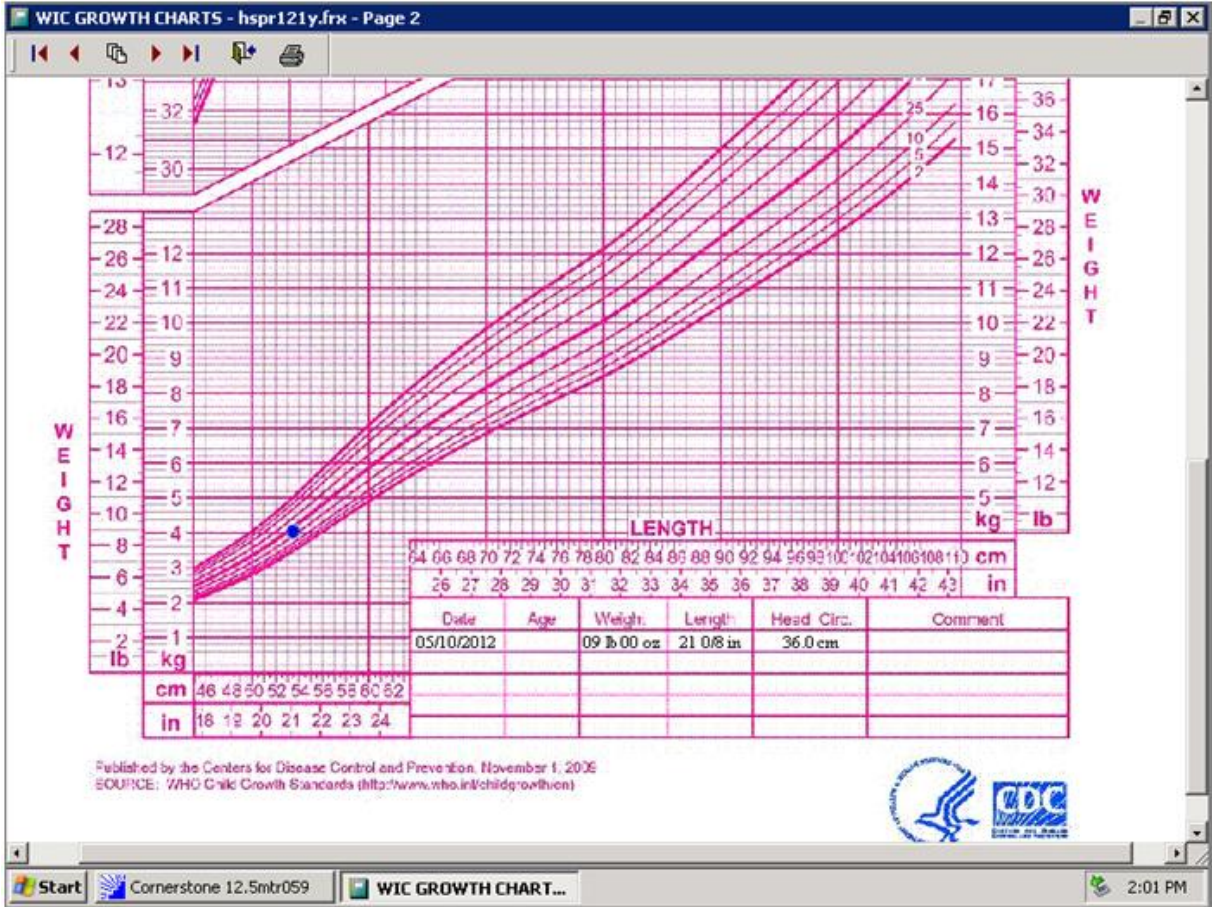


Head circumference-for-age and  
Weight-for-length percentiles

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	LEN4&AGE	WGT4&AGE	HEADCIRC	BMI	WGT4LEN
05/10/2012	BIRTH	BIRTH	98.8	95.1	96.3		46.0

Cornerstone 12.5mtr059

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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



**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