

Washington WIC Medical Documentation Form Children 1 – 5 years

Child's Name _____

Date of Birth _____

Caregiver's Name _____

Children 1 to 5 years

1. Medical diagnosis: Check a qualifying medical diagnosis

- | | |
|--|---|
| <input type="checkbox"/> Gastrointestinal disorders/malabsorption syndromes | <input type="checkbox"/> Premature birth \leq 37 weeks gestation (<2 years old) |
| <input type="checkbox"/> Severe food allergies: must explain under Notes | <input type="checkbox"/> Low birth weight \leq 5 lbs. 8 oz. (<2 years old) |
| <input type="checkbox"/> Lactose intolerance | <input type="checkbox"/> Failure to thrive |
| <input type="checkbox"/> Milk protein allergy | <input type="checkbox"/> Abnormal weight loss/underweight |
| <input type="checkbox"/> Metabolic disorders/inborn errors in metabolism | <input type="checkbox"/> Immune system disorders |
| <input type="checkbox"/> Other medical diagnosis or condition that impacts nutritional status: must explain under Notes | |

Notes:

2. Prescribe formula (Requests for special formulas are subject to WIC approval)

A. Formula

- | | | |
|--|---|--|
| <input type="checkbox"/> Similac Advance (20 kcal/oz.) | <input type="checkbox"/> Similac Spit-Up (19 kcal/oz.) | <input type="checkbox"/> Enfamil Nutramigen |
| <input type="checkbox"/> Good Start Soy (20 kcal/oz.) | <input type="checkbox"/> Similac Total Comfort (19kcal/oz.) | <input type="checkbox"/> Gerber Extensive HA |
| <input type="checkbox"/> Similac Sensitive (19 kcal/oz.) | | <input type="checkbox"/> Similac Alimentum |

Six month time limit

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> PediaSure | <input type="checkbox"/> Similac NeoSure (22 kcal/oz.) | <input type="checkbox"/> Enfamil EnfaCare (22 kcal/oz.) |
|------------------------------------|--|---|

B. Prescribe amount:

- ☐ Allow up to maximum amount, WIC staff and caregiver will determine amount **OR**
 _____ Ounces per day (not to exceed the maximum amount of formula allowed by WIC)

Special instructions:

3. Length of time

- ☐ 3 months ☐ 6 months ☐ 12 months ☐ Other: _____ (not to exceed 12 months)

4. WIC supplemental foods: Unless indicated below, WIC will provide all supplemental foods.

- A. ☐ WIC dietitian to determine type and amount of supplemental foods, and length of time (if Yes; go to Box 5)
- B. ☐ No breakfast cereal ☐ No cheese ☐ No tofu
☐ No juice ☐ No eggs ☐ No soy beverage
☐ No fresh fruits and vegetables ☐ No milk ☐ No dried beans, peas, lentils
☐ No peanut butter ☐ No whole wheat bread or other whole grains
- C. ☐ Give infant cereal in lieu of breakfast cereal ☐ Give infants fruits and vegetables in lieu of fresh produce
- D. WIC issues whole milk to children 12-23 months and nonfat or 1% milk to children older than 23 months.
 Child is > 23 months and needs: ☐ Whole milk or ☐ 2% milk **Must include a diagnosis in Box 1**
 Child is 12 – 23 months and needs: ☐ 2% milk **Must include a diagnosis in Box 1**

5. Healthcare provider information

Name: _____ Date: _____

Print or Stamp

Signature: _____ Phone: (_____) _____ Fax: (_____) _____

6. Release of information – signed by caregiver

I authorize Washington WIC staff to talk to my health care provider about my child's health and nutrition needs. This permission is good for the length of this certification. I understand that I may cancel this permission at any time by written request to WIC staff. This release isn't a condition of WIC eligibility. This release doesn't include these conditions: sexually transmitted disease, mental health concerns and chemical dependencies.

Caregiver signature _____

Date _____

Printed name _____

WIC Clinic: _____ Phone: _____ Fax: _____

See back for instructions. Questions? Call the child's WIC clinic or the Washington State Nutrition Program at 1-800-841-1410.

More information can be found at: <http://www.doh.wa.gov/wicformula.aspx>.

BREASTFED BABIES ARE HEALTHIER. WIC SUPPORTS BREASTFEEDING



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INSTRUCTIONS:

Client information: Print first name, last name, date of birth and caregiver first and last name.

1. Medical diagnosis

Check one or more of the qualifying medical diagnoses. Qualifying diagnoses are specified by federal regulations. If 'must explain under Notes' follows a medical diagnosis that's checked, provide a brief description of the impact to the child's medical or nutritional status in the designated Notes section.

2. Prescribe formula

A. **Formula:** Check the requested formula. Requests for special formulas are subject to WIC approval.

B. **Prescribe formula amount:** Check either allow up to the maximum amount of formula or indicate the number of ounces per day if the amount is less than WIC provides. The maximum amount of formula for a child per month is 910 fl. oz. reconstituted.

Under **Special instructions**, indicate any special needs (i.e. concentrating formula to increase calories or ready-to-feed).

Notes: PediaSure must be re-evaluated every 6 months.

When a formula is prescribed, supplemental foods must also be prescribed in Box 4.

3. Length of time

Check the number months, or write in a time frame not to exceed 12 months of age.

4. WIC Supplemental foods:

A. Check WIC dietitian if you prefer the WIC dietitian to work with the caregiver to decide type and amount of supplemental WIC foods, and length of time they are medically appropriate **OR**

B. Check the box next to the foods that the child can't tolerate based on the qualifying medical diagnosis. Foods won't be provided when boxes are checked in Section B.

C. If the child needs infant foods in lieu of breakfast cereal or fresh produce, check which foods WIC should provide.

D. Check the appropriate box if:

- The child is over 23 months and needs whole or 2% milk as a substitute for nonfat or 1% milk. The child must have a qualifying medical diagnosis.
- The child is less than 23 months and needs 2% milk due to medical reasons or a concern for obesity.

5. Healthcare Provider Information

A. Print name of medical provider, sign and date the form.

B. A signature or stamp of the healthcare provider is required along with phone number and date. A fax number is recommended.

6. Release of Information

This is a voluntary authorization the child's caregiver can sign allowing WIC staff to share client information with the healthcare provider.

7. Additional Information

- WIC staff may call the healthcare provider's office if there's missing information or to clarify the request.
- WIC staff can't issue formula for more than one month when the form is incomplete.
- You may fax the completed form to the WIC clinic if the fax number is on the bottom of the front page or the client's caregiver may return the hard copy to the WIC clinic.