

Washington WIC Medical Documentation Form - Children 1 – 5 years

INSTRUCTIONS:

Participant 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 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 the box to allow up to the maximum amount of formula or indicate on the line provided 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.

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 fruit and vegetable benefits, check which foods WIC should provide.
D. Check the appropriate box if:
- The child is over 23 months and needs whole milk, whole milk yogurt 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 because overweight or obesity is a concern.

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 participant 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.
- The healthcare provider's office may fax the completed form to the WIC clinic if the fax number is on the bottom of the front page or the participant's caregiver may return the form to the WIC clinic.

This institution is an equal opportunity provider. Washington WIC does not discriminate.

To request this document in another format, call 1-800-841-1410.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email WIC@doh.wa.gov.