Washington WIC Medical Documentation Form – Pregnant, Breastfeeding, Nonbreastfeeding

Participant's Name _____ Date of Birth _____

1. Medical diagnosis: Check a qualifying medical diagnosis:

- ❑ 101 Pre-pregnancy BMI <18.5 for current pregnancy
- ❑ 101 Current BMI <18.5 (breastfeeding & nonbreastfeeding)
- ❑ 131 Low weight gain in current pregnancy
- ❑ 342 Gastrointestinal disorders/malabsorption
- ❑ 351 Metabolic disorders/inborn errors of metabolism
- ❑ 353 Severe food allergies: ***must explain in Notes***
- ❑ 355 Lactose intolerance
- ❑ 360 Other medical diagnosis or condition that impacts nutritional status: ***must explain under Notes***

Notes:

2. 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 eggs
- ❑ No peanut butter
- ❑ No dried beans, peas, lentils
- ❑ No canned beans
- ❑ No breakfast cereal
- ❑ No cheese
- ❑ No yogurt
- ❑ No cow milk
- ❑ No juice
- ❑ No whole wheat bread or other whole grains
- ❑ No tofu
- ❑ No soy beverage
- ❑ No goat milk
- ❑ No fruits and vegetables
- ❑ No fish (salmon, tuna, sardines)

C. ❑ Give infant cereal in lieu of breakfast cereal ❑ Give infant fruits/vegetables in lieu of fruit/vegetable benefit

D. WIC issues nonfat or 1% milk to participants. Check below for a different milk type. **Must mark a diagnosis in Box 1**

❑ Whole milk ❑ Whole milk yogurt ❑ 2% milk

3. Length of time

❑ 3 months ❑ 6 months ❑ 12 months ❑ Other:_____

This form expires when the participant's WIC status changes (pregnant, breastfeeding, nonbreastfeeding).

4. Prescribe formula *(Requests for special formula are subject to WIC approval)*

A. Formula

- ❑ Similac Advance
- ❑ Similac Soy Isomil
- ❑ Similac Sensitive
- ❑ Similac Spit-Up
- ❑ Similac Total Comfort
- ❑ Enfamil Nutramigen
- ❑ Gerber Extensive HA
- ❑ Similac Alimentum

Six month time limit

- ❑ PediaSure
- ❑ Similac NeoSure (22 kcal/oz.)
- ❑ Enfamil NeuroPro EnfaCare (22 kcal/oz.)

B. Prescribe amount:

❑ Allow up to maximum amount, WIC staff and participant will determine amount **OR**

_____ Ounces per day (not to exceed the maximum amount of formula allowed by WIC)

Special instructions:

5. Healthcare provider information

Name_____ Date_____

Print or Stamp

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

6. Release of information – signed by participant or caregiver

I authorize Washington WIC staff to talk to my health care provider about my 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.

_____ _____

Participant's 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.

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

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

BREASTFED BABIES ARE HEALTHIER. WIC SUPPORTS BREASTFEEDING

DOH 961-137 November 2020

Women

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INSTRUCTIONS:

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

1. **Medical diagnosis**
   Check one or more of the qualifying medical diagnoses. Qualifying diagnoses are specified by federal regulations. If the diagnosis has 'must explain under Notes', provide a brief description of the impact to the participant's medical or nutritional status in the Notes section.

2. **WIC Supplemental foods:**
   A. Check "WIC dietitian" if you prefer the WIC dietitian to work with the participant to decide the type and amount of supplemental WIC foods, and length of time they are medically appropriate **OR**
   B. Check the box next to foods that aren't appropriate for the participant based on the qualifying medical diagnosis. Foods won't be provided when boxes are checked in Section B.
   C. If the participant needs infant foods in lieu of breakfast cereal or the fruit and vegetable benefit, check which foods WIC should provide.
   D. Check a box to prescribe whole milk, whole milk yogurt or 2% milk when medically necessary as a substitute for nonfat or 1% milk. Assure a qualifying medical diagnosis checked in Box 1. When whole milk, whole milk yogurt or 2% milk is prescribed due to a medical condition, all other WIC foods must be prescribed.

   Note: Supplemental foods are provided until the participant's WIC category changes (for example, a pregnant participant who becomes postpartum will require a new Medical Documentation Form)

3. **Length of time**
   Check the number of months or write in another timeframe. This form is valid only until the participant's WIC category changes (pregnant, breastfeeding, postpartum). If no time is indicated, formula will only be provided for one month.

4. **Prescribe formula**
   A. **Formula**: Check the requested formula. Requests for special formulas are subject to WIC approval.
   B. **Prescribe amount:** Check either allow up to the maximum amount of formula or indicate the number of ounces per day if the amount is <u>less</u> than WIC provides. The maximum amount of formula for the participant per month is 910 fl. oz. reconstituted.

   Note: When a formula is prescribed, supplemental foods must also be prescribed in Box 2.

5. **Healthcare provider Information**
   A. Print name of medical provider (licensed healthcare professional who can write prescriptions under state law) sign and date.
   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 WIC participant can sign allowing WIC staff to share 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 participant may return the hard copy to the WIC clinic.