

WIC Medical Documentation Form

North Dakota Department of Health - Division of Nutrition and Physical Activity- WIC Program

To authorize a special WIC-approved formula or WIC-eligible nutritional (medical food), complete this form, then fax to _____ or have the participant return it to their local WIC office.

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

COMPLETE IF PRESCRIBING A SPECIAL FORMULA OR WIC-ELIGIBLE NUTRITIONAL (MEDICAL FOOD)

Not Allowed: Similac Advance, Soy Isomil, Sensitive, Spit-Up; Gerber Good Start Gentle, Soy, Soothe; store brand formulas

WIC Special Formula or WIC-eligible Nutritional (Medical Food) Requested: PurAmino

Medical Diagnosis: (Not Acceptable Diagnoses - formula intolerance, spitting up, or colic)

- | | | |
|--|---|---|
| <input type="checkbox"/> Lactose intolerance | <input type="checkbox"/> Gastroesophageal reflux disease (GERD) | <input type="checkbox"/> Prematurity/low birth weight |
| <input type="checkbox"/> Inadequate growth/Failure to thrive | <input type="checkbox"/> Allergy to milk products | <input type="checkbox"/> Soy or corn allergy |
| <input type="checkbox"/> Malabsorption syndromes | <input type="checkbox"/> Gastrointestinal disorders | <input type="checkbox"/> Nutrient deficiency |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Developmental sensory/motor delays | <input type="checkbox"/> Heart/circulatory |
| <input type="checkbox"/> Other medical diagnosis: _____ | | |

Time Needed: _____ months OR ☐ Until 1 year of age Prescribed Amount: ☐ Full Amount Allowed OR _____ oz/day

Instructions for Preparation: _____ Caloric Density: _____ kcal/oz (22, 24, etc.)

WIC Foods: (Check ONE box only.)

☐ Refer to the WIC dietitian or nutritionist to determine the WIC foods provided.

OR

☐ Issue full amount of age-appropriate WIC foods;

OR

☐ Issue no WIC foods; provide formula only;

OR

☐ Issue a food package without the WIC foods checked below.

Infants (6 through 11 months) ☐ Infant Cereal ☐ Baby Food Fruits/Vegetables ☐ Baby Food Meats

☐ Fresh Fruits/Vegetables

Children (1 through 4 years old) and Women ☐ Cheese ☐ Cereal ☐ Juice ☐ Eggs ☐ Beans/Peas

☐ Whole Wheat Bread/Brown Rice/Tortillas/Pasta ☐ Peanut Butter ☐ Fruits/Vegetables ☐ Tuna/Salmon ☐ Milk

☐ Soy Milk ☐ Yogurt (women and children 2 years of age and older)

Baby Food Fruits and Vegetables: ☐ Issue baby food fruits and vegetables instead of fresh fruits and vegetables for children (1 through 4 years old). **Only children receiving a formula/WIC-eligible nutritional (medical food) with a qualifying medical diagnosis can get baby food fruits and vegetables.**

Whole Milk: ☐ Issue whole milk for a child over 2 or a woman. **Only participants receiving a formula/WIC-eligible nutritional (medical food) with a qualifying medical diagnosis can get whole milk.** (WIC regulations specify 1% or fat free skim milk for women and children 2 years of age and older.)

COMPLETE FOR ALL

Signature of Health Care Provider: _____ Date: _____

Health Care Provider's Name: _____ ☐ MD ☐ DO ☐ NP ☐ PA

Clinic/Address: _____

Phone Number: _____ Fax Number: _____

For more information or help in completing this form: Contact _____ at _____.