



# Medical Prescription Form

Please Complete All Sections

1. Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 2. Type of Formula Requested:

Formula Name <sup>#</sup>	Powder	Conc.	RTU*
Similac Sensitive		N/A	N/A
Similac for Spit up		N/A	N/A
Similac Total Comfort		N/A	N/A
Similac Alimentum		N/A	
Similac Neosure		N/A	
Enfamil NeuroPro Enfacare		N/A	
Nutramigen Enflora LGG		N/A	N/A
Pediasure**	N/A	N/A	
Other:			
* RTU infant formula may only be authorized under certain conditions such as unsanitary/restricted water supply, the formula is only available in RTU, if participant lacks skills to prepare formula, etc			
**Participants > 2 years of age will be given whole milk when prescribed nutritional supplements such as Pediasure. Check here to <b>opt out</b> of whole milk Reason:			

## 3. Diagnosis (select one or more)

Gastroesophageal Reflux Disease (GERD)	
Severe Food Allergy	
Intestinal Malabsorption	
Failure to Thrive (FTT)	
Premature Birth or Low Birth Weight	
Developmental Disorder	
Metabolic Disorder	
Immune System Disorder	
Inappropriate Growth Pattern <sup>‡</sup>	
Formula Intolerance <sup>‡</sup>	
<sup>‡</sup> Note: These conditions may only be selected for Similac Sensitive, Spit-Up, or Total Comfort	
Other:	

<sup>#</sup>These are the most-commonly issued formulas. Contact the WIC Site or State Office for information on other formulas.

### The following are inappropriate reasons to prescribe a special formula:

Fussiness / spitting up / gas / constipation / lactose intolerance / a non-specific formula or food intolerance / participant preference / solely to enhance nutrient intake / managing body weight without a medical condition

## 4 – Amount of Formula Requested:

Prepared oz./day:                      kcal/oz.:                      OR                      To be determined by WIC Nutritionist

## 5 – Length of Time for Food/Formula Request:

3 months                      6 months                      Other:

\*Rx >6 months requires justification

Additional instructions:

## 6 – WIC Foods:

The WIC Registered Dietitian / nutritionist will determine which foods to provide, unless indicated below.

Check this box to NOT GIVE ANY WIC Foods to this participant starting at 6 months and beyond

OR: Check specific WIC foods to NOT GIVE to this participant starting at age 6 months:

<input type="checkbox"/>	Whole Grains (bread, pasta, etc)	<input type="checkbox"/>	Canned Fish	<input type="checkbox"/>	Eggs
<input type="checkbox"/>	Breakfast Cereal	<input type="checkbox"/>	Peanut Butter	<input type="checkbox"/>	Juice
<input type="checkbox"/>	Fruits	<input type="checkbox"/>	Milk	<input type="checkbox"/>	Infant Fruits
<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Cheese	<input type="checkbox"/>	Infant Vegetables
<input type="checkbox"/>	Beans	<input type="checkbox"/>	Yogurt	<input type="checkbox"/>	Infant Meats
Additional instructions:					

## 7 – Healthcare Provider's Information:

Credentials:                      MD                      DO                      PA                      CNP                      CNM                      APN

Provider's Name:                      Phone Number:

Provider's Signature:                      Date:

## For WIC Use Only:

Authorizing CPA:                      Date Received:

CPPA (if applicable):



# Referral Form for DC WIC

Please complete all sections

1 – Participant’s Name: \_\_\_\_\_

2 – Date of Birth: \_\_\_\_\_

### 3 – Medical Information

Date of Anthropometric Measurements: \_\_\_\_\_

Weight:

\_\_\_\_\_ lbs.      \_\_\_\_\_ oz.      \_\_\_\_\_ kg.      \_\_\_\_\_ g.

Length / Height:

\_\_\_\_\_ ft.      \_\_\_\_\_ in.      \_\_\_\_\_ cm.      \_\_\_\_\_ mm. (Recumbent? Y - / N - )

Date of Bloodwork Measurements: \_\_\_\_\_

Hgb: \_\_\_\_\_ g/dl      Hct: \_\_\_\_\_ %

Date of expected delivery (if pregnant): \_\_\_\_\_

### 4 – Physical Presence Exceptions (if applicable)

It is the policy of DC WIC that applicants are physically present to determine eligibility. Exceptions can be made for persons with permanent or temporary disabilities that make it difficult to attend the WIC appointment. Please check an exception below if the applicant meets any of the following exceptions and cannot present in the clinic:

- 1: A condition that requires medical equipment that is not easily transportable
- 2: A medical condition that requires confinement to bed (including bed rest)
- 3: A serious illness that may be worsened by coming to the clinic
- 4: A serious or contagious illness

**NOTE:** While the above exceptions apply for physical presence, height and weight are required to determine WIC eligibility. Please provide height and weight from within 60 days and, if available, bloodwork data from within 90 days. **Caregivers must bring the absent infant/child into the clinic within 30 days of initial certification.**

### 5 – Provider’s Information

Provider’s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider’s Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_\_