DC WIC Approved Formula
WIC Medical Documentation Form

• All WIC participants requesting a special formula must have the ‘D.C. WIC Medical Documentation & Referral Form’ correctly filled in.

• The following slides will have the items highlighted. The yellow shaded parts are required to be filled out with all WIC rx forms.
Part 1 of 4

D.C. WIC Medical Documentation & Referral Form for
WOMEN, INFANTS & CHILDREN

This form is used for referring clients to WIC or special dietary requests. Complete one for each participant.

Patient’s Name ______________________________ Date of Birth __________________

Address ____________________________ City __________ Zip Code __________

Parent / Caregiver’s Name ______________________________ Telephone __________________

Medical Data:

<table>
<thead>
<tr>
<th>DATE MEASURED</th>
<th>LENGTH / HEIGHT</th>
<th>WEIGHT</th>
<th>DATE MEASURED</th>
<th>HGB MEASURED</th>
<th>DATE MEASURED</th>
<th>GLUCOSE (IF GESTATIONAL DIABETIC)</th>
<th>DATE MEASURED</th>
<th>BLOOD LEAD LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Women (pregnant, nursing, or less than six months postpartum):

Pregnant / Estimated date of delivery: __________________

Multi-fetal Gestation  □ Yes  □ No

Pre-pregnancy wt __________________

Feeding Plan

□ Fully breastfeeding
□ Combination of feeding: Breast milk and formula
□ Do not recommend breastfeeding due to the following medical diagnosis:

________________________________________________________

Postpartum / Date pregnancy ended: __________________

Infants and Children  □ Female  □ Male

Birth History: □ SGA  □ LGA

Birth Weight: _______ lb _______ oz OR _______ kg

Birth Length: _______ inches OR _______ cm

 Weeks of Gestation: _______

Feeding Prescription

□ Fully breastfeeding
□ Combination of feeding: Breast milk and formula
□ Do not recommend breastfeeding due to the following medical diagnosis:

________________________________________________________

If no special formula or diet is requested, stop here and sign.
Part 2 of 4

If no special formula or diet is requested, stop here and sign.

Provider’s Name (Please Print): [blank]
Signature: [blank]

Credential:  □ MD  □ DO  □ PA  □ CNP  □ CNM (Certified Nurse Midwife)
(Please check)  □ RD  □ LD  □ RN  □ LPN  □ LSW

Signature of MD / DO / PA / CNM / CNP required if requesting special formula or dietary change
Signature of RD / LD / RN / LPN / LSW when providing medical data only.
Date __________________________ Medical Office / Clinic: __________________________
Address __________________________ Fax Number __________________________

Formula/Supplement/Medical Food Request (Requires MD/DO/PA/CNP/CNM signature on back)

Formula Name: [blank]
Amount needed: ___________________ ounces per day ___________________ calories per ounce
Length of time:  □ 3 months  □ 6 months  □ Other
Additional instructions: [blank]

Patients will receive supplemental foods (appropriate to their age and participant category) in addition for formula indicated. Prescription renewal is required periodically based on age, medical condition and nutrition assessment.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Started</th>
<th>Date Ended</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

☐ Medically contraindicated for infant to try formula(s) other than the one prescribed.

A special request formula for infants will be considered only when Similac Advance or Gerber Good Start Soy are inappropriate due to a documented medical reason.

WIC cannot provide the following formulas, even with medical documentation:
- Any low iron formula
- Enfamil Premium of Similac Isomil
- Enfamil ProSobee

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 for the purpose of enhancing nutrient intake / managing body weight without a medical condition
### WIC Supplemental Foods Available

<table>
<thead>
<tr>
<th>WIC Supplemental Foods Available</th>
<th>Do NOT Give</th>
<th>WIC Supplemental Foods Available</th>
<th>Do NOT Give</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Cereal</td>
<td></td>
<td>Vegetables / Fruits (specify below)</td>
<td></td>
</tr>
<tr>
<td>Infant Food Vegetables/Fruits</td>
<td></td>
<td>Eggs</td>
<td></td>
</tr>
<tr>
<td>Infant Meat *</td>
<td></td>
<td>Whole Wheat Bread</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td>Corn Tortillas</td>
<td></td>
</tr>
<tr>
<td>Whole Oats</td>
<td></td>
<td>Brown Rice</td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td></td>
<td>Dried Beans, Peas, Lentils</td>
<td></td>
</tr>
<tr>
<td>Cereal</td>
<td></td>
<td>Peanut Butter</td>
<td></td>
</tr>
<tr>
<td>Juice</td>
<td></td>
<td>Canned Fish *</td>
<td></td>
</tr>
<tr>
<td>Canned Vegetables</td>
<td></td>
<td>Canned Beans</td>
<td></td>
</tr>
<tr>
<td>Yogurt</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please indicate reason for restriction:**
- ☐ Food Allergy: type ________
- ☐ Severe lactose malabsorption
- ☐ Vegan diet
- ☐ Other: ________

*Fully Breastfeeding moms are the only WIC participants eligible to receive canned fish. Infants are the only WIC participants eligible to receive infant meats.*

- **Issue whole milk:** WIC provides low fat and fat free milk (1%, or skim) for children from 2 – 5 years old and women. Whole milk may be used to those with qualifying medical conditions which also require the use of a special formula/medical food.

- **Issue fat-reduced milk:** WIC provides whole milk for children 12 months – 24 months old. Fat-reduced milks (2%, 1% or fat free) may be used to one year olds at risk of overweight or obesity.

- **Issue infant extra formula (6 months and older):** Infants older than 6 months with medical conditions preventing them from consuming baby foods (cereal, fruit and vegetables) may receive additional special formula.

- **Issue infant cereal to child:** (instead of regular hot & cold cereal – must also be receiving special formula).

- **Issue infant fruits and vegetables (pureed) to woman or child:** must also be receiving special formula.
Part 4 of 4

Additional comments / special instructions:

Please check qualifying medical condition(s): Justifies requested formula / medical food

☐ Allergy Risk Reduction
☐ Premature birth or Low Birth weight
☐ Failure to Thrive
☐ Metabolic disorders
☐ Gastrointestinal disorders
☐ Malabsorption Syndrome
☐ Immune system disorders
☐ Food allergy
☐ Dysphagia
☐ Overweight/Obesity
☐ Other(s):

Provider’s Name (Please Print):

Signature:

Credential:

☐ MD
☐ DO
☐ PA
☐ CNP
☐ CNM (Certified Nurse Midwife)

(Please check)

☐ RD
☐ LD
☐ RN
☐ LPN
☐ LSW

Signature of MD / DO / PA / CNM / CNP required if requesting special formula or dietary change
Signature of RD / LD / RN / LPN / LSW when providing medical data only.

Date: __________________________ Medical Office / Clinic: __________________________
Address: __________________________ Phone Number: __________________________

Fax Number: __________________________

PLEASE RETAIN A COPY FOR YOUR RECORDS AND GIVE ORIGINAL FORM TO WIC CLIENT OR FAX TO THE WIC CLINIC. CALL 202-442-9397 OR GO TO HTTP://DOH.DC.GOV/SERVICE/SPECIAL-SUPPLEMENTAL-NUTRITION-PROGRAM-WOMEN-INFANTS-AND-CHILDREN-WIC FOR THE MOST CURRENT DC WIC CLINIC LISTING.

For WIC use only:

Date Received: __________________________  ☐ Telephone request (follow-up written Rx within 1 month)

Comments: __________________________ CPA Signature: __________________________
DC WIC Standard Infant Formula

- Similac Advance & Gerber Good Start Soy
  - Do **NOT** require prescription
Infant Formula for Sensitive Tummies

Must have prescription!

• **Similac Sensitive for Fussiness & Gas**
  – Dx lactase deficiency or a GI condition that decreases lactase activity such as chronic diarrhea, prolonged antibiotic use, GI surgery or cancer chemotherapy.

• **Similac Total Comfort**
  – Dx cow’s milk/soy protein intolerance
  – *Address lactose sensitivity*

WIC does not carry Enfamil Gentlease!
Infant Formula for Spit-Up

Must have prescription!

- Similac Sensitive for Spit-Up
  - Dx GERD with FTT
  - Not recommended for preterm infants
Infant Formula for Allergies

Must have prescription!

• Nutramigen with Enflora LGG
  – Dx Allergy/intolerance to intact cow’s milk and soy

• Similac (Expert Care) Alimentum
  – Dx fat malabsorption and/or intact protein intolerance
Infant Formula: High Calorie

Must have prescription!

- **Enfamil Enfacare**
  - 22 kcal/oz
  - Dx: Premature or Low Birth Weight

- **Similac (Expert Care) Neosure**
  - 22 kcal/oz
  - Dx: Premature or Low Birth Weight
Whole Milk

Must have prescription!

• Whole Milk
  – WIC provides whole milk for children 12 months-24 months old.
  – Whole milk requires rx for children > 2 years old and all women those with qualifying medical conditions which also require the use of a special formula/medical food (i.e. Pediasure & Ensure).
    • Qualifying Medical Conditions: FTT or poor weight gain
  – WIC does not offer whole milk based on participant’s preference.
Most Common Pediatric Formulas*
Must have prescription!

- Pediasure/Boost Kid Essentials/Carnation Breakfast Essentials/Ensure
  - Dx FTT or poor weight gain
  - To be used as supplement *not* a meal replacement
  - Not to be used with picky eaters

- Elecare/Neocate
  - Dx multiple food protein intolerance/allergy
  - Elecare Jr. Unflavored or Flavored

*Pediatric Formulas do NOT require whole milk, however rx for whole milk requires a Pediatric Formula

Goal with supplements:
With all Pediatric Formulas there should be an exit plan. We want these supplements to fill in and supplement meals with the goal to Have normalized eating and healthy growth.
What can WIC Nutritionists issue without a physician prescription?

• **2%**
  - WIC provides low fat and fat free (1% or skim) for children from 2-5 years old and women.
  - WIC Nutritionist can only issue 2% milk for ≥2 years old if low weight gain or to pregnant women with little prenatal weight gain without rx from physician.
  - WIC Nutritionist may also issue 2% if 1 year old is at risk of overweight/obesity

• **Soy Milk**
  - WIC Nutritionist can issue Soy milk without rx from physician.
DOH Website

- Or search in Google “DOH DC WIC”
- Most up to date Medical Documentation Form
- Most up to date WIC Special Formulas
- Or stop by the WIC clinic!