



Effective October 2016

Medical Documentation Form for Special Needs Food Packages

Client Name: _____

Date of Birth: _____ WIC Client ID: _____

Please fully complete every section (1-7) to avoid delays in issuance. Please choose WIC routine formulas whenever possible, as noted by ‘*’

1. Current Formula Request:

- Similac Advance (20 Cal/oz.)*
- Similac Sensitive*
- Similac for Spit-up*
- Similac Total Comfort*
- Gerber Good Start Soy*

- Alimentum
- Nutramigen
- Gerber Extensive HA (Powder)
- Enfamil Enfacare (Powder and RTF)
- Similac Expert Care Neosure (Powder and RTF)
- Pediasure (must meet WIC criteria for issuance)

Other: _____

2. Amount of Formula Requested Per Day: _____

(If no amount written, amount defaults to WIC Maximum)

Oral Tube Feeding

3. Form of Formula:

Powder Concentrate Ready-to-feed

Note: Concentrate or Ready to feed form given to premature clients unless otherwise specified.

4. Diagnosis for Similac Advance (20 Cal/oz.), Similac Sensitive (19 Cal/oz.), Similac for Spit-up (19 Cal/oz.), Gerber Good Start Soy, and

Similac Total Comfort (19 Cal/oz.):

Formula Intolerance Food allergy Inappropriate growth patterns Other: _____

Diagnosis for Special Formula or Medical Food:

Prematurity GERD or reflux Dysphagia Failure to thrive
Severe food allergy _____
Other: _____

Note: Must be a specific medical diagnosis.

5. WIC Foods:

Default to WIC Registered Dietitian (RD)/Qualified Nutritionist to choose appropriate WIC foods

OR Check any foods listed below that are not appropriate for this patient

Category	WIC Foods	Do <u>Not</u> Give
Infants (6-11 mo.) or Special Needs Women/Children	Infant cereal	
	Jarred-fruits/vegetables	
Children (1-5 yr.) and Women	Cow's milk	
	Cheese	
	Yogurt	
	Eggs	
	Peanut butter	
	Whole grains**	
	Cereal	
	Beans	
	Vegetables/fruits	
	Juice	
	Goat milk	
Soy milk		
Tofu		

Note:
Children 12-23 months old are typically given whole milk.
Anyone 2 and older is given 1%/fat free milk. If another milk type is needed please include in comment section.

Comments:

Exclusively Nursing Only:

Women Canned Fish
Infants (6-11 mo.) Infant Jarred Meats

**Grains include the options of whole wheat bread, brown rice, whole wheat pasta, whole wheat tortillas, and/or corn tortillas.

6. Length of Time Requested: Up to first birthday **OR** # months: _____

7. Print Provider Name: _____ **Title (Circle):** M.D., D.O., P.A., N.P., N.M.D. **Date:** _____

Healthcare Provider Signature: _____ **Phone Number:** _____