



Woman, Infants and Children (WIC) Medical Documentation



Rev. 8/2009

Completion of this form is federally required to ensure that the patient under your care has a medical condition/diagnosis that requires the use of medical formula and or changes to their supplemental food package. This form replaces prescriptions from health care providers. **Please fax the completed form to the WIC clinic or have your patient return the document to the WIC clinic. Thank you!**

WIC Clinic:
WIC Contact Name:
WIC site phone #:
WIC site Fax #:
Email:

A. Patient information (complete all)

Patients name (Last, First, MI):	DOB:
Parent/Caregiver's name (Last, First, MI):	
Medical diagnosis/qualifying condition: (Justifies the medical need-Include ICD-9 code if available) See bottom of back page	
Medical documentation valid for: <input type="checkbox"/> 1 mo. <input type="checkbox"/> 2 mo. <input type="checkbox"/> 3 mo. <input type="checkbox"/> 4 mo. <input type="checkbox"/> 5 mo. <input type="checkbox"/> 6 mo. (reauthorization required every six months)	

B. Medical formula or Soy beverage and WIC supplemental foods (Complete all that apply below)

1. Name of Medical formula: *(For issuance of soy beverage complete part 3 of Section B)*

Prescribed amount: Maximum WIC allowable OR _____ per day

2. Supplemental foods will be issued for patients over six months of age, unless contraindicated. (Foods to be issued are listed on back) After reviewing the food packages on the back of this form, check the issuance appropriate for your patient:

All: Provide the full food package.

None: Do not provide any foods at this time; issue medical formula/food only.

Modified: The foods indicated below need to be modified/omitted from my patient's WIC food package.

WIC Participant Category	WIC supplemental Foods to Omit/Modify	Special Instructions/ Other Restrictions
Infants (6-11 months)	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables	
Children (12-60 months) and Women	<input type="checkbox"/> Milk <input type="checkbox"/> Cheese	
	<input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter	

3. **Issue WIC Approved Soy beverage** as a milk substitute for children (12-60 months) with a specific qualifying condition at a rate of 1 qt. soy beverage for each qt. of milk allowed by WIC. (Allowable qualifying conditions are milk allergy, severe lactose intolerance, or vegan diet)

Women & Children: Issue cheese in excess of optional pound(s) per month at a rate of 1 pound additional cheese for each 3 quarts of milk up to the maximum WIC allowable milk: (see back for maximum allowable milk)

Prescribed amount: Maximum WIC cheese allowable (i.e. no milk) OR _____ additional pound(s) cheese per month

C. Health care provider information (Complete all)

Signature of health care provider:

Provider's name (please print): MD PA DO NP

Medical office/clinic:

Phone #:	Fax #:	Date:
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WIC USE ONLY	Approved by:	Date:	WIC ID:
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Guam WIC supplemental Food Packages & Maximum Quantities for Women, Infants & Children receiving Medical Formula

WIC participants receiving medical formula will also be provided the foods listed below, unless they are contraindicated and noted in section B of the medical documentation form.

Infants birth through 11 months				
Medical Formula:	Infants 0, 1, 2, 3 months	Infants 4, 5 months	Infants 6, 7, 8, 9, 10, 11 months	Infants 6-11 months when solids are contraindicated
Powder (reconstituted)	Up to 870 fl. oz.	Up to 960 fl. oz.	Up to 696 fl. oz.	Up to 960 fl. oz.
Concentrate (reconstituted)	Up to 806 fl. oz.	Up to 884 fl. oz.	Up to 624 fl. oz.	Up to 884 fl. oz.
Ready-to-feed	Up to 832 fl. oz.	Up to 896 fl. oz.	Up to 640 fl. oz.	Up to 896 fl. oz.
Infant Foods				
Infant Cereal	none	none	24 oz. Infant cereal	None. Solids are contraindicated based on medical condition
Baby food fruits & vegetables	none	none	256 oz. Infant's fruits and vegetables	None. Solids are contraindicated based on medical condition

Children 1-4 years	Fully Breastfeeding Women	Women who are Pregnant or partly breastfeeding	Non-Breastfeeding Women
Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula
16 qt. milk (or)	24 qt. milk (or)	22 qt. milk (or)	16 qt. milk (or)
13 qt. milk and 1 lb. cheese	21 qt. milk and 2 lb. cheese	19 qt. milk and 1 lb. cheese	13 qt. milk and 1 lb. cheese
1 doz. Eggs	2 doz. Eggs	1 doz. Eggs	1 doz. Eggs
128 oz. juice	144 oz. juice	144 oz. juice	96 oz. juice
36 oz breakfast cereal	36 oz breakfast cereal	36 oz breakfast cereal	36 oz breakfast cereal
\$6 for fruits and vegetables	\$10 for fruits and vegetables	\$8 for fruits and vegetables	\$8 for fruits and vegetables
18 oz. peanut butter OR 16 oz. dry beans	18 oz. peanut butter AND 1 lb. dry beans	18 oz. peanut butter AND 1 lb. dry beans	18 oz. peanut butter OR 1 lb. dry beans
2 lb whole wheat bread, corn tortillas or brown rice	1 lb. whole wheat bread, corn tortillas or brown rice	1 lb. whole wheat bread, corn tortillas or brown rice	none
	30 oz. tuna, or salmon, or sardines, or mackerel	none	none

Qualifying Conditions:

- Premature birth
- Low birth weight
- Failure to thrive
- Inborn errors of metabolism
- Metabolic disorders
- Gastrointestinal disorders
- Malabsorption syndrome
- Immune system disorders

- Severe food allergies that require elemental formula
- Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients.

(Not solely for the purpose of enhancing nutrient intake or managing body weight)