

## 1. Patient Information

<b>Patient Name:</b> (First)		(Last)	<b>Date of Birth:</b>
<b>Parent/Caregiver Name:</b> (First)		(Last)	<b>Phone:</b>
<b>Current Height/Length:</b>	inches	<b>Measurement Date:</b>	<b>Birth Length:</b> inches
<b>Current Weight:</b>	lbs oz		<b>Birth Weight:</b> lbs oz

## 2. Formula Information

<b>Premature</b>	<b>Nutritional Drinks</b>	<b>Other</b>
Similac NeoSure	PediaSure	No longer requires therapeutic formula
Enfamil NeuroPro EnfaCare	PediaSure with Fiber	
<b>Hypo-Allergenic</b>	<b>GERD/Reflux</b>	
Similac Alimentum	Enfamil AR	<b>Submitted Rx to Pharmacy:</b>
Enfamil Nutramigen		<b>Yes - Pharmacy Name:</b>
<b>Formula Name (other):</b>		<b>No - Formula Not Covered by Insurance</b>

<b>Form:</b>	<b>Powder</b>	<b>Concentrate</b>	<b>Ready-to-Feed</b> (Needs a reason unless only form available)
<b>Reason Ready-to-Feed is Needed</b> (if applicable):			
<b>Amount:</b>	Allow up to maximum <b>OR</b>	<b>Duration:</b>	1 month      3 months      5 months
	ounces per day		2 months      4 months      6 months
Or specify expiration date ( <i>not to exceed 6 months</i> ):			

## 3. Qualifying Diagnosis\*

- |   |                                   |
|---|-----------------------------------|
| 142 Preterm or early term birth ( $\leq 38$ weeks)      | 342 Gastrointestinal disorder:    |
| 141 Low birth weight ( $\leq 5.5$ lbs or $\leq 2500$ g) | 351 Genetic/metabolic disorder:   |
| 134 Failure to Thrive / Growth Faltering                | 360 Immune system disorder:       |
| 103 Underweight or at risk of underweight               | 353 <b>Specific</b> food allergy: |
| 101 BMI $< 18.5$  | 360 Other medical condition(s):   |
| 131 <b>Pregnant:</b> Low weight gain                    |                                   |

## 4. WIC Supplemental Foods

**Infants 6-11 Months (All Require Box 2 and Box 3 to be completed):**

**WIC Dietitian** to determine type, amount, and duration of supplemental foods.

No infant cereal      No infant fruits/vegetables      No fruits/vegetables/herbs

No infant foods (issue additional formula)

#### 4. WIC Supplemental Foods, cont.

**Children 1-4 Years and Adults** (All Require a Duration in Box 2 and a Qualifying Diagnosis in Box 3):

##### Special Dietary Needs

Infant cereal instead of breakfast cereal (max provided unless specified in **Comments**)

Infant fruits/vegetables instead of fruits/vegetables/herbs (max provided unless specified in **Comments**)

**WIC Dietitian** to determine type, amount, and duration of foods      No solids

##### Milk/Yogurt (Max provided unless specified in **Comments**)

Child is **12-23 months** and needs:      2% milk      1% milk      Nonfat yogurt

Participant is **≥ 2 years** and needs:      Whole milk      2% milk      Whole fat yogurt

##### Other Foods

No cow milk      No cheese      No fish      No juice

No soy milk      No tofu      No whole grains      No fruits/vegetables/herbs

No goat milk      No eggs      No breakfast cereal

No yogurt      No peanut butter      No beans

**Comments:**

#### 5. Health Care Provider Information

**Provider Name** (Printed):      MD      DO      PA      NP/ARNP      **Medical Office Stamp:**

OR

**Phone:**

**Fax:**

**Signature:**

**Date:**

#### 6. Release of Information – Signed by Caregiver

*I authorize Washington WIC staff to talk to my health care provider about my child's health and nutrition needs. This authorization is good for the length of the current WIC certification. I understand that I may cancel this authorization at any time by written request to WIC staff. This release isn't a condition of WIC eligibility. This release doesn't include these conditions: sexually transmitted infections, mental health concerns, and substance abuse.*

**Caregiver Signature:**

**Date:**

**Printed Name:**

**WIC Clinic:**

**Phone:**

**Fax:**

**\*WIC does not consider the following conditions as Qualifying Diagnoses:**

- Non-specific symptoms like constipation, diarrhea, fussiness, and picky eater (food preferences/dislikes).
- Non-specific food or formula intolerances.
- Solely for enhancing nutrient intake or managing body weight without an underlying condition.

**Questions:** For information on WIC formulas visit <https://doh.wa.gov/you-and-your-family/wic/wic-foods/wic-infant-formula> or call 1-800-841-1410.

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