

WIC PRESCRIPTIONS / CLINICAL DATA

PREGNANT, BREASTFEEDING AND NONBREASTFEEDING POSTPARTUM WOMEN

Completion of the PRESCRIPTION section is required for WIC products listed (Fed. Reg. 246.10). Completion of CLINICAL DATA is voluntary. Personally identifiable information is used to determine WIC services and may be disclosed only as allowed by state and federal laws.

INSTRUCTIONS: To provide clinical data (to facilitate WIC enrollment), complete the Clinical Data section. To prescribe a WIC-approved medical food or whole milk, complete Prescription items 1 through 5. Indicate additional concerns or relevant obstetrical history in the Nutrition/Health Concerns/Relevant Obstetrical History section, as appropriate. For more information on WIC-approved food products, go to <http://dhs.wisconsin.gov/wic>.

Patient's First and Last Name _____ Birthdate (MM/DD/YY) _____

CLINICAL DATA

Pregnant and Postpartum Women: Current Weight _____ Current Stature _____ Date taken _____
Hct _____% and/or Hgb _____ mg Date taken _____ Vitamin/Mineral Rx _____

Pregnant Women: Expected Delivery Date _____ Current weeks gestation _____ Prepregnancy weight _____

Postpartum Women: Delivery date _____ Prepregnancy weight _____ Weight gained _____

If not on WIC prenatally, prenatal nutrition-related health problems or relevant obstetrical history:

- | | |
|---|--|
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Food allergy or intolerance: _____ |
| <input type="checkbox"/> Pregnancy-Induced Hypertension | <input type="checkbox"/> Infectious disease: _____ |
| <input type="checkbox"/> Hyperemesis Gravidarum | <input type="checkbox"/> Chronic disease: _____ |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Other nutrition-related health problem: _____ |

PRESCRIPTION: Complete 1 through 5 (required). Prescription is subject to WIC approval based on WIC Regulations and policies.

1. Medical diagnosis and ICD-9 code justifying the prescription:

- | | |
|--|---|
| <input type="checkbox"/> Cancer: Type: _____ ICD-9 code: _____ | <input type="checkbox"/> Autoimmune Disorder (279.4) |
| <input type="checkbox"/> Gestational Diabetes (648.2) | <input type="checkbox"/> Other medical condition: _____ ICD-9 code: _____ |
| <input type="checkbox"/> Hyperemesis Gravidarum (643) | |
| <input type="checkbox"/> Immunodeficiency (279.3) | |
| <input type="checkbox"/> Intestinal Malabsorption (579.9) | |
| <input type="checkbox"/> Multifetal Gestation >2 Infants (651) | |
- Not allowed:** Constipation, diarrhea, lactose intolerance; unconfirmed allergies; or managing body weight, intolerance symptoms, or growth concerns unless there is an underlying medical condition.

2. Product prescribed:

- | | | | | | |
|-------------------------------------|----------------------------------|---------------------------------------|-------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Ensure: | <input type="checkbox"/> Regular | <input type="checkbox"/> High Protein | <input type="checkbox"/> Plus | <input type="checkbox"/> Fiber | <input type="checkbox"/> High Calcium |
| <input type="checkbox"/> Boost: | <input type="checkbox"/> Regular | <input type="checkbox"/> High Protein | <input type="checkbox"/> Plus | | |
| <input type="checkbox"/> Whole milk | | | | | |

3. Prescribed amount per day (current use): _____ or Maximum amount provided by WIC
(Maximum amounts can be viewed at <http://dhs.wisconsin.gov/wic>)

4. Intended length of use: Throughout pregnancy 6 months Other: _____

5. **Contraindicated foods:** WIC may provide regular supplemental foods in addition to WIC formula/medical food. Please check the appropriate box below.

- Allow WIC RD to assess for and provide the appropriate regular supplemental WIC foods.
 Delay regular supplemental foods until: _____

NUTRITION/HEALTH CONCERNS/RELEVANT OBSTETRICAL HISTORY:

SIGNATURE of Health Care Provider _____ MD PA NP

Printed Name of Health Care Provider _____

Medical Office/Clinic _____

Telephone number _____ FAX number _____ Date _____

Local WIC Project Address (to be entered by WIC agency):

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

WIC USE ONLY	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: _____	Date: Date new Rx needed:
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