

WIC PRESCRIPTIONS / CLINICAL DATA CHILDREN (1 through 4 years of age)

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 formula, medical food, or whole milk (age 2-4 years), complete Prescription items 1 through 5. Indicate additional concerns in the Growth/Nutrition/Health Concerns section, as appropriate. For more information on WIC-approved formulas, medical foods, and foods, go to <http://dhs.wisconsin.gov/wic>.

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

Parent/Caregiver's First and Last Name _____

CLINICAL DATA

Weight _____ Length/stature _____ Recumbent Standing Date taken _____

Hct ____% and/or Hgb ____ mg Date taken _____ Blood Lead _____ mcg/dL Date taken _____

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 prescription:

- | | |
|--|---|
| <input type="checkbox"/> Allergy, confirmed[cow's milk protein, soy] (477.9) | <input type="checkbox"/> Failure to Thrive (783.41) |
| <input type="checkbox"/> Autoimmune Disorder (279.4) | <input type="checkbox"/> Gastroesophageal Reflux (580.81) |
| <input type="checkbox"/> Cancer: type: _____ ICD-9 code: _____ | <input type="checkbox"/> Immunodeficiency (279.3) |
| <input type="checkbox"/> Cerebral Palsy (343.9) | <input type="checkbox"/> Intestinal Malabsorption (579.9) |
| <input type="checkbox"/> Cystic Fibrosis (277.0) | <input type="checkbox"/> Neuromuscular Disorder (358.9) |
| <input type="checkbox"/> Congenital Heart Disease (746.9) | <input type="checkbox"/> Prematurity (765.1) |
| <input type="checkbox"/> Congenital Anomaly, Respiratory (748.9) | <input type="checkbox"/> Seizure disorder requiring ketogenic diet: |
| <input type="checkbox"/> Developmental Sensory/Motor Delays (783.4) | _____ ICD-9 code: _____ |

Other medical condition: _____
and ICD-9 code: _____

Not allowed: Constipation, diarrhea, lactose intolerance; unconfirmed allergies; or for managing body weight, intolerance symptoms, or growth concerns unless there is an underlying medical condition.

2. Product prescribed:

- | | | |
|--|---|--|
| <input type="checkbox"/> Good Start Gentle Plus | <input type="checkbox"/> Enfamil AR LIPIL | <input type="checkbox"/> Elecare. Check kind and dilution: |
| <input type="checkbox"/> Good Start Soy Plus | <input type="checkbox"/> Nutramigen LIPIL w/Enflora LGG | <input type="checkbox"/> Unflavored <input type="checkbox"/> Vanilla |
| <input type="checkbox"/> Good Start Protect Plus | <input type="checkbox"/> Similac Alimentum DHA & ARA | <input type="checkbox"/> 20 kcal/oz <input type="checkbox"/> 30 kcal/oz |
| <input type="checkbox"/> Similac NeoSure DHA & ARA | <input type="checkbox"/> Enfamil Pregestimil LIPIL | <input type="checkbox"/> PediaSure: <input type="checkbox"/> with fiber <input type="checkbox"/> w/o fiber |
| <input type="checkbox"/> Enfamil EnfaCare LIPIL | <input type="checkbox"/> Neocate Infant | <input type="checkbox"/> Whole milk (age 2-4 years only) |

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: 6 months 12 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: _____

GROWTH/NUTRITION/HEALTH CONCERNS/COMMENTS:

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, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

WIC USE ONLY

- Approved
 Not Approved
By: _____

Date:
Date new Rx needed: