DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44024D (Rev. 09/09)

STATE OF WISCONSIN
Bureau of Community Health Promotion
WIC Program, Federal Reg. 246

WIC PRESCRIPTIONS / CLINICAL DATA
INFANTS (birth through 12 months of age)

Completion of the PRESCRIPTION section is required for WIC-approved exempt formulas (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 an exempt WIC-approved formula, 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 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

Maternal prenatal nutrition-related health problems or relevant obstetrical history:

- ☐ Gestational Diabetes
- ☐ Pregnancy-Induced Hypertension
- ☐ Hyperemesis Gravidarum
- ☐ Anemia
- ☐ Food allergy or intolerance: ______________________
- ☐ Infectious disease: ______________________
- ☐ Chronic disease: ______________________
- ☐ Other nutrition-related health problem: ______________________

Infant's Birth Weight __________ Birth Length ________ Gestational Age at Birth ________

Current Weight __________ Length __________ 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 the prescription:

- ☐ Allergy [cow's milk protein, soy] (477.9)
- ☐ Autoimmune Disorder (279.4)
- ☐ Cancer: Type: ________________ ICD-9 Code: __________
- ☐ Cerebral Palsy (343.9)
- ☐ Congenital Anomaly, Respiratory (748.9)
- ☐ Congenital Heart Disease (746.9)
- ☐ Cystic Fibrosis (277.0)
- ☐ Developmental Sensory/Motor Delays (783.4)
- ☐ Failure to Thrive (783.41)
- ☐ Gastroesophageal Reflux (530.81)
- ☐ Immunodeficiency (279.3)
- ☐ Intestinal Malabsorption (579.9)
- ☐ Neuromuscular Disorder (358.9)
- ☐ Prematurity (765.1)
- ☐ Other medical condition: ______________ and ICD-9 code: ________

Not allowed: Constipation, diarrhea, colic; intolerance or allergy that does not require an exempt formula; a non-specific intolerance; or for managing body weight, intolerance symptoms, or growth concerns unless there is an underlying medical condition.

2. Formula prescribed:

- ☐ Similac NeoSure DHA & ARA
- ☐ Enfamil EnfaCare LIPIL
- ☐ Nutramigen LIPIL w/Enflora LGG
- ☐ Similac Alimentum DHA & ARA
- ☐ Enfamil Pregestimil LIPIL
- ☐ Enfamil AR LIPIL
- ☐ Neocate Infant
- ☐ Elecare Unflavored

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:

- ☐ 1 month
- ☐ Until 1 year of age
- ☐ 3 months
- ☐ Until 1 year ADJUSTED age
- ☐ 6 months
- ☐ Other: ___________

5. Contraindicated foods: Starting at 6 months of age, WIC routinely provides supplemental foods in addition to WIC formula. Check the appropriate box(es) below.

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

GROWTH/NUTRITION/HEALTH CONCERNS:

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: