

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 Wisconsin WIC-approved formula, complete Prescription items 1 through 5. Indicate additional concerns in the Growth/Nutrition/Health Concerns section, as appropriate. **Prescription is subject to WIC approval based on WIC Regulations and policies.** 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).

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

- Allergy: cow's milk protein (558.3) soy (693.1)
- 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) _____ resulting in Failure to Thrive (783.41)
- Gastroesophageal Reflux Disease (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, spitting up, 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 (combinations allowed, including with standard WIC contract formula):

- Similac Expert Care NeoSure Nutramigen w/Enflora LGG Enfamil Pregestimil Neocate Infant DHA & ARA
- Enfamil EnfaCare Similac Expert Care Alimentum Enfamil AR Elecare Infant 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 3 months 6 months Until 1 year of age Until 1 year ADJUSTED age Other: _____

5. Contraindicated foods: Starting at 6 months of age, the WIC RD will assess for and provide appropriate supplemental foods unless indicated below.

- WIC foods that are NOT APPROPRIATE for this patient: Infant cereal Baby fruits & vegetables Baby meats
- Delay supplemental foods until the age of: _____

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 (For the fax number or street address, go to: <http://dhs.wisconsin.gov/wic/localproject/WisWICMap.htm#alpha>):

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