



WOMEN, INFANTS AND CHILDREN (WIC)

Medical Documentation Form For Special Formulas & Supplemental Foods

WIC use only:

Date received: _____

CPA name: _____

Clinic name: _____

Household ID: _____

State/WIC ID: _____

All requests are subject to approval by a WIC Registered Dietitian based on program policies. Please complete sections A-D; numbers 1-15. A WIC staff member may contact you to request additional information. Questions? Contact the Arkansas WIC Program Nutrition Section: 501-661-2508

A. PATIENT INFORMATION

1 Name: _____

2 DOB: _____

3 Weight: _____

4 Length/Height: _____

5 Date of measure: _____

B. SPECIALIZED FORMULA NEEDS

6 Length of issuance: 3 mo 6 mo 12 mo Other: _____ D/C prescribed formula

7 Prescribed amount: Max allowed 24 oz/day 16 oz/day 8 oz/day Other: _____

8 Formula(s) to provide & special instructions:

9 Medical diagnosis or qualifying condition:

Prematurity:

- EnfaCare powder
- EnfaCare RTU
- NeoSure powder
- NeoSure RTU

Extensively Hydrolyzed:

- Extensive HA powder
- Nutramigen powder
- Nutramigen concentrate
- Nutramigen RTU
- Alimentum powder
- Alimentum RTU
- Pregestimil powder

Amino Acid Based:

- Alfamino Infant powder
- Alfamino Junior powder

Oral Supplements/Tube Feedings:

- Boost Kid Essentials 1.0 RTU
- Nutren Junior 1.0 RTU
- Nutren Junior 1.0 with Fiber RTU
- Peptamen Jr. 1.0 RTU
- Neocate Splash RTU

Specialized:

- PM 60/40 powder
- Portagen powder
- Fortini RTU

Metabolic (specify below):

Special instructions (specify below):

Check all that apply:

- Prematurity: _____ weeks
- Cow's milk protein allergy
- Sensitivity to cow's milk protein
- Soy protein allergy
- Gastroesophageal reflux disease
- Chronic diarrhea
- GI bleeds/bloody stool
- Multiple food allergies
- Known/suspected corn allergy
- Eosinophilic GI disorder
- Severe malnutrition
- Malabsorptive condition
- Short bowel syndrome
- Pancreatic insufficiency
- Chylothorax
- Biliary Atresia
- Liver disease
- Chronic kidney disease

- Congenital heart defect
- Cystic fibrosis
- Hyperphenylalaninemia
- PKU
- Cancer
- Requires tube feedings
- Oral motor feeding disorder
- Failure to thrive
- Underweight
- Other (specify below): _____

Reason for RTU/concentrate:

- Unsafe/limited water supply
- Improper formula preparation
- Prematurity
- Tube feedings

C. SUPPLEMENTAL FOOD RESTRICTIONS & REQUESTS

10 Provide default/standard food package for age without restrictions **OR** Make the following adjustments to the patient's WIC food package:

Infants:

- Omit all infant foods until: _____
- Give pureed fruits & vegetables in place of fresh fruits & vegetables (applies at 9 months chronological age & older)

Children & Women:

- Give infant foods in place of child food package until: _____
- Give soy milk to child <2 years Give whole milk to child >2 years Give 2% milk (children & women)
- Omit: all foods milk cheese yogurt eggs peanut butter
- beans whole grains cereal juice fruits & vegetables

Reason for restriction/request: Preterm Food allergy Tube fed Oral motor feeding disorder FTT Other: _____

D. MEDICAL PROVIDER INFORMATION

11 Provider's name: _____

12 Credential/Title: MD DO APRN PA

13 Provider's signature: _____

14 Phone: _____

15 Date: _____

WIC use only: Approved? Yes No Renewal? Yes No

Start date: _____

Name of approving RD: _____ Expiration date: _____

Approved formula name: _____ Amount: _____ WIC-51 rev. 12/2023