

# Washington WIC Medical Documentation Form – Women

Woman's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## 1. Medical diagnosis: Check a qualifying medical diagnosis:

- |  |   |
|--|---|
| <input type="checkbox"/> Gastrointestinal disorders/malabsorption  | <input type="checkbox"/> Pre-pregnancy BMI <18.5 for current pregnancy    |
| <input type="checkbox"/> Severe food allergies: <b>must explain in Notes</b>   | <input type="checkbox"/> Current BMI <18.5 (breastfeeding and postpartum) |
| <input type="checkbox"/> Lactose intolerance   | <input type="checkbox"/> Low weight gain in current pregnancy             |
| <input type="checkbox"/> Milk protein allergy  | <input type="checkbox"/> Immune system disorders                          |
| <input type="checkbox"/> Metabolic disorders/inborn errors of metabolism   |   |
| <input type="checkbox"/> Other medical diagnosis or condition that impacts nutritional status: <b>must explain under Notes</b> |   |

### Notes:

## 2. WIC supplemental foods: Unless indicated below, WIC will provide all supplemental foods.

- A.  WIC dietitian to determine type and amount of supplemental foods, and length of time (if yes, go to Box 4)
- B.  No breakfast cereal       No cheese       No tofu  
 No juice       No eggs       No soy beverage  
 No peanut butter       No milk       No dried beans, peas, lentils  
 No fresh fruits and vegetable       No canned fish       No whole wheat bread, or other whole grains
- C.  Give infant cereal in lieu of breakfast cereal       Give infant fruits and vegetables in lieu of fresh produce
- D. WIC issues nonfat or 1% milk to women. Check below for a different milk type. **Must include diagnosis in Box 1.**  
 Whole milk  
 2% milk

## 3. Length of time

- 3 months     6 months     12 months     Other: \_\_\_\_\_

This form expires when the woman's WIC status changes (pregnant, breastfeeding, postpartum)

## 4. Prescribe formula (*Requests for special formula are subject to WIC approval*)

### A. Formula

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Similac Advance (20 kcal/oz.) | <input type="checkbox"/> Similac Spit-up (19 kcal/oz.)       | <input type="checkbox"/> Similac Alimentum              |
| <input type="checkbox"/> Good Start Soy (20 kcal/oz.)  | <input type="checkbox"/> Similac Total Comfort (19 kcal/oz.) | <input type="checkbox"/> Enfamil Nutramigen             |
|  | <input type="checkbox"/> Similac Sensitive (19kcal/oz)       | <input type="checkbox"/> PediaSure (6 month time limit) |

### B. Prescribe amount:

- Allow up to maximum amount, WIC staff and client will determine amount **OR**  
\_\_\_\_\_ Ounces per day (not to exceed the maximum amount of formula allowed by WIC listed on back)

### Special Instructions:

## 5. Healthcare provider information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Stamp

Signature: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_ Fax:(\_\_\_\_\_)\_\_\_\_\_

## 6. Release of information – signed by client or caregiver

*I authorize Washington WIC staff to talk to my health care provider about my health and nutrition needs. This permission is good for the length of this certification. I understand that I may cancel this permission at any time by written request to WIC staff. This release isn't a condition of WIC eligibility. This release doesn't include these conditions: sexually transmitted disease, mental health concerns and chemical dependencies.*

Client's \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

WIC Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

See back for instructions. Questions? Call the woman's WIC clinic or the Washington State Nutrition Program at 1-800-841-1410. Additional information can be found at: <http://www.doh.wa.gov/wicformula.aspx>.

**BREASTFED BABIES ARE HEALTHIER. WIC SUPPORTS BREASTFEEDING**



# Washington WIC Medical Documentation Form – Women

## INSTRUCTIONS:

**Client information:** Print first name, last name and date of birth.

### 1. Medical diagnosis

Check one or more of the qualifying medical diagnoses. Qualifying diagnoses are specified by federal regulations. If 'must explain under Notes' follows a medical diagnosis that's checked, provide a brief description of the impact to the client's medical or nutritional status in the designated Notes section.

### 2. WIC Supplemental foods:

- A. Check WIC dietitian if you prefer the WIC dietitian to work with the woman to decide the type and amount of supplemental WIC foods, and length of time they are medically appropriate **OR**
- B. Check the box next to foods that aren't appropriate for the woman based on the qualifying medical diagnosis. Foods won't be provided when boxes are checked in Section B.
- C. If the woman needs infant foods in lieu of breakfast cereal or fresh produce, check which foods WIC should provide.
- D. Check a box to prescribe whole or 2% milk when medically necessary as a substitute for nonfat or 1% milk. Assure a qualifying medical diagnosis checked in Box 1. When whole or 2% milk is prescribed due to a medical condition, all other WIC foods must be prescribed.

**Note:** Supplemental foods are provided until the woman's WIC category changes (for example, a pregnant woman who becomes postpartum will require a new Medical Documentation Form)

### 3. Length of time

Check the number of months or write in another timeframe. This form is valid only until the woman's WIC category changes (pregnant, breastfeeding, postpartum). If no time is indicated, formula will only be provided for one month.

### 4. Prescribe formula

- A. **Formula:** Check the requested formula. Requests for special formulas are subject to WIC approval.
- B. **Prescribe amount:** Check either allow up to the maximum amount of formula or indicate the number of ounces per day if the amount is less than WIC provides. The maximum amount of formula for women per month is 910 fl. oz. reconstituted.

**Note:** When a formula is prescribed, supplemental foods must also be prescribed in Box 2.

### 5. Healthcare provider Information

- A. Print name of medical provider (licensed healthcare professional who can write prescriptions under state law) sign and date.
- B. A signature or stamp of the healthcare provider is required along with phone number and date. A fax number is recommended.

### 6. Release of Information

This is a voluntary authorization the WIC client can sign allowing WIC staff to share information with the healthcare provider.

### 7. Additional Information

- WIC staff may call the healthcare provider's office if there's missing information or to clarify the request.
- WIC staff can't issue formula for more than one month when the form is incomplete.
- You may fax the completed form to the WIC clinic if the fax number is on the bottom of the front page or the client may return the hard copy to the WIC clinic.