REQUIRED Medical Documentation for WIC Formula and Approved WIC Foods
Pregnant, Breastfeeding and Nonbreastfeeding PostPartum Women

Patient's Name_____**Birthdate**_____

Minor Patient's Parent/Guardian/Caretaker Name_____

Pregnant, Breastfeeding and Nonbreastfeeding PostPartum Women

1. Qualifying medical condition(s):

- Gastrointestinal disorders
- Malabsorption syndromes
- Immune system disorders
- Severe food allergies that require an elemental formula
- Inborn errors of metabolism and metabolic disorders
- Diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status

Non-qualifying conditions:

- Food intolerance
- Patient preference
- Management of body weight without underlying medical condition

2. Name of WIC standard formula/exempt formula/ medical food prescription:

_____

Prescribed amount per day: _____

Physical Form: □ Powder □ Concentrate □ Ready to Use

Special instructions for preparation and use: _____

3. WIC allowed foods (please check appropriate box(es); note: post-partum non breastfeeding women are not eligible to receive whole wheat bread or other whole grains):

□ ***No foods*** □ ***All foods with 2%, 1% or Skim milk***

□ ***All foods EXCEPT (check all that apply):***

□ Breakfast cereal □ Whole wheat bread or other whole grains □ Cheese

□ Fresh/frozen fruits and vegetables □ 100% juice □ Beans and/or peanut butter

□ Milk □ Eggs □ Fish (fully breastfeeding women only)

□ ***Whole milk for Pregnant, Breastfeeding or Non-breastfeeding Women***

Women must have a qualifying medical condition to receive Whole Milk. (Formula or medical food is not required to receive Whole Milk.)

4. Length of use: □ 1 month □ 3 months □ 6 months □ 12 months

Other_____

Length of use is required for Whole Milk ordered with a qualifying condition.

SIGNATURE (Health Care Provider) : Date:

Printed Name (Health Care Provider):

Medical Office/ Clinic: Telephone:

Address:

WIC Staff Use Only: