DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44024B (09/2014)

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

WIC PRESCRIPTIONS / CLINICAL DATA
CHILDREN (1 through 4 years of age)

INSTRUCTIONS: Completion of ***Part II Formula/Nutritional Prescription*** is required for the WIC products listed; prescriptions are subject to WIC approval based on WIC regulations and policies. Personally identifiable information is used to determine WIC services and may be disclosed only as allowed by state statutes and federal WIC regulations**.** For information on WIC-approved products, please go to http://dhs.wisconsin.gov/wic.

- To provide clinical data to facilitate WIC enrollment, complete *Part I Clinical Data*.
- To prescribe a Wisconsin WIC-approved formula, nutritional product, or whole milk for 2-4 year olds, complete *Part II Formula/Nutritional Prescription*.

Child's First and Last Name _____ Birthdate (MM/DD/YY) _____

Parent/Caregiver's First and Last Name _____

I. CLINICAL DATA

Weight _____ Length/stature _____ ☐ Recumbent ☐ Standing Date taken _____

Hct ___ % and/or Hgb _____ mg Date taken _____ Blood Lead _____mcg/dL Date taken _____

II. FORMULA/NUTRITIONAL PRESCRIPTION: Complete II.A through II.E below (required).

A. Medical diagnosis justifying prescription:

☐ Allergy: ☐ cow's milk protein ☐ soy protein
☐ Autoimmune Disorder
☐ Cancer: _____
☐ Cerebral Palsy
☐ Congenital Heart Disease
☐ Congenital Anomaly, Respiratory
☐ Cystic Fibrosis
☐ Developmental/Sensory/Motor Delays
☐ Failure to Thrive due to _____
☐ Gastroesophageal Reflux Disease
☐ Immunodeficiency
☐ Intestinal Malabsorption
☐ Neuromuscular Disorder
☐ Prematurity
☐ Other medical condition: _____

Not allowed: Constipation, diarrhea, spitting up, lactose intolerance, or for managing body weight, intolerance symptoms, or growth concerns unless there is an underlying medical condition.

B. Product prescribed (only the products listed below are allowed):

☐ Similac NeoSure
☐ Enfamil EnfaCare
☐ Enfamil AR (only for reflux)
☐ Similac PM 60/40
☐ Good Start Gentle
☐ Good Start Soy
☐ Good Start Soothe
☐ Nutramigen w/Enflora LGG or Nutramigen LIPIL
☐ Similac Expert Care Alimentum
☐ Enfamil Pregestimil
☐ Elecare Infant DHA/ARA
☐ Neocate Infant DHA/ARA
☐ Elecare Jr.
☐ Neocate Jr. w/Prebiotics
☐ PediaSure (w/ or w/out fiber)
☐ PediaSure 1.5 Cal. (w/ or w/out fiber)
☐ PediaSure Peptide 1.0 Cal.
☐ Whole milk (for 2 – 4 year olds)
☐ Soy milk
Justification ☐ Lactose Intolerance
☐ Galactosemia
☐ Milk Protein Allergy
☐ Vegan ☐ Religious/cultural

C. Prescribed amount ____ cans/d or ____ oz/d or ☐ Maximum amount provided by WIC

(See maximum amounts at http://dhs.wisconsin.gov/wic)

D. Intended length of use: ☐ 6 months ☐ 12 months ☐ Other (12 month maximum) ____

E. Contraindicated WIC foods: WIC foods that are NOT APPROPRIATE for this child:

☐ Dairy foods ☐ Eggs ☐ Peanut butter ☐ Whole grains (wheat bread, tortillas, pasta, brown rice)
☐ Breakfast cereals ☐ Juice ☐ Vegetables and fruits ☐ Dried or canned mature beans/peas

GROWTH/NUTRITION/HEALTH CONCERNS/COMMENTS:

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 Name, Phone number, FAX number

Wood County WIC Program
715-421-8950
Fax: 715-421-8962

Click here for nondiscrimination statement.

WIC USE ONLY ☐ Approved ☐ Not Approved

By: _____

Date: _____

Date new Rx needed: _____