

WIC PRESCRIPTIONS / CLINICAL DATA INFANTS (birth through 12 months of age)

INSTRUCTIONS: Completion of **Part II 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 an exempt Wisconsin WIC-approved formula, **complete items 1-5 in Part II Prescription**. Indicate additional concerns in the *Growth/Nutrition/Health Concerns* section, as appropriate.

Infant's First and Last Name _____

Birthdate (MM/DD/YY) _____

Parent/Caregiver's First and Last Name _____

I. CLINICAL DATA

Infant's Birth Weight _____

Birth Length _____

Gestational Age at Birth weeks _____

Current Weight _____

Length _____

Date taken _____

Hct ___ % and/or Hgb _____ mg

Date taken _____

Blood Lead ___ mcg/dL Date taken _____

II. PRESCRIPTION: Complete 1 through 5 (required)

1. MEDICAL DIAGNOSIS JUSTIFYING PRESCRIPTION:

- Allergy: cow's milk protein soy protein
- Autoimmune Disorder
- Cancer -Type: _____
- 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.

2. Formula prescribed:

- Similac NeoSure
- Enfamil EnfaCare

- Enfamil AR
(only for reflux)

- Nutramigen w/Enflora LGG or
Nutramigen LIPIL
- Similac Expert Care Alimentum
- Enfamil Pregestimil

- Neocate Infant DHA & ARA
- EleCare Infant DHA & ARA
- Similac PM 60/40

3. Prescribed amount: _____ or Maximum amount provided by WIC

(See maximum amounts 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

5. Contraindicated foods: At 6 months of age, WIC provides supplemental foods. The WIC RD will assess unless indicated.

- WIC foods acceptable EXCEPT for the following: Infant cereal Fruits & vegetables (any form) Baby meats
- WIC foods NOT ACCEPTABLE 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 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: _____