



Expires: \_\_\_\_\_  
(For WIC use only.)

## ND WIC Medical Documentation Form

The WIC Program requires a medical diagnosis to provide a medical formula. All requests are subject to WIC approval. Complete this form, then fax to \_\_\_\_\_, email to \_\_\_\_\_, or have the participant return it to their local WIC office.

**Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Medical Formula requested:** \_\_\_\_\_

Not Allowed: Enfamil Infant, ProSobee, A.R., Gentlease, or Reguline; Gerber formulas; store brand formulas; Similac Pro formulas

**Medical Diagnosis: (Not acceptable diagnoses - formula intolerance, spitting up, colic, or personal preference)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cow's milk protein allergy/sensitivity | <input type="checkbox"/> Gastroesophageal reflux disease (GERD)          | <input type="checkbox"/> Prematurity/low birth weight |
| <input type="checkbox"/> Failure to thrive                      | <input type="checkbox"/> Developmental sensory/motor delays              | <input type="checkbox"/> Gastrointestinal disorders   |
| <input type="checkbox"/> Malabsorption syndromes                | <input type="checkbox"/> Inborn errors of metabolism/metabolic disorders | <input type="checkbox"/> Severe food allergies        |
| <input type="checkbox"/> Other medical diagnosis: _____         |  |   |

**Time needed:** \_\_\_\_\_ months OR  Until 1 year of age

**Prescribed amount:**  Full Amount Allowed OR \_\_\_\_\_ oz/day

**Preparation/feeding instructions:** \_\_\_\_\_

- Formula only (includes standard formula)** – Do not provide any supplemental foods.
- For children (1-4 years) receiving formula, provide infant cereal or baby food fruits/vegetables.
- For children (2-4 years) or women **receiving formula**, provide whole milk.

**WIC Foods – Choose one of the options below. If left blank, the WIC Nutritionist/Dietitian will determine foods issued.**

- Request WIC Nutritionist/Dietitian to determine foods issued.**
- Omit the following WIC foods.** (All WIC foods will be provided unless indicated below.)

**Standard Food Packages:** **Infants:** (0-5mo) formula only; (6-11 months) infant cereal, baby food fruits/vegetables and formula  
**Children** (1-4 years) and **Women:** milk, cheese, yogurt, juice, fruits/vegetables, whole grains, eggs, beans, cereal, peanut butter

**Signature of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Care Provider's Name:** \_\_\_\_\_  MD  DO  NP  PA

**Clinic/Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**For more information or help in completing this form:** Contact \_\_\_\_\_ at \_\_\_\_\_.