Medical Formula and Nutritionals Request Form

WIC Agency:

WIC ID#:

SECTION I: Participant/Patient and Health Care Information

Patient Name: (First) (Last) | **Date of Birth:**

Parent/Caregiver Name: (First) (Last) | **Phone Number:**

Height/ Length: Current: _____ inches (Date: _____) Within 60 days
At birth: _____ inches

Weight: Current: _____ lb _____ oz (Date: _____) Within 60 days
At birth: _____ lb _____ oz

Hemoglobin: _____ (gm/dL) or **Hematocrit:** _____ %

Lead Test: _____ mcg/dL

Lab Result Date: _____

Breastfeeding (birth to 12 months):
- ☐ Fully breastfeeding
- ☐ Feeding breastmilk & formula
- ☐ Never breastfed
- ☐ Discontinued breastfeeding on (Date: _____)

To Health Care Providers: WIC **only** provides medically-necessary formula or medical food when they are **NOT** covered by Medi-Cal. Please refer patient to Medi-Cal for these products.

Patient's Health Insurance:
- ☐ **Medi-Cal** (**Note:** HCP must submit prior authorization (PA) to Medi-Cal Rx; then send PA and Rx to pharmacy)
- ☐ **Private** (does not cover enteral products)

SECTION II: Special Formula/Nutritionals and Qualifying Diagnosis

Formula/Medical Food Prescribed (Check below or specify name if not listed):

Premature:
- ☐ Enfamil NeuroPro EnfaCare
- ☐ Similac NeoSure

Nutritional Drinks:
- ☐ PediaSure
- ☐ PediaSure with Fiber
- ☐ PediaSure 1.5 Cal
- ☐ PediaSure 1.5 Cal with Fiber

Medical Formula:
- ☐ Fortini
- ☐ Similac PM 60/40

Hypo-Allergenic:
- ☐ Alfamino Infant
- ☐ Alfamino Junior, Unflavored
- ☐ Alfamino Junior, Vanilla
- ☐ EleCare Infant
- ☐ EleCare Junior, Unflavored
- ☐ EleCare Junior, Vanilla
- ☐ Extensive HA
- ☐ Neocate Infant
- ☐ Neocate Junior, Unflavored
- ☐ Neocate Syneo Infant
- ☐ Nutramigen (liquid concentrate; RTF)
- ☐ Nutramigen LGG (powder)
- ☐ Pepticate
- ☐ PurAmino
- ☐ PurAmino Junior
- ☐ Similac Alimentum

Form: (Check one)
☐ Powder ☐ Concentrate ☐ Ready-to-Feed (RTF) (Justification: _____) Required unless RTF is the only available form

Amount: _____ fluid ounces / ounces per day

Duration: (Check one)
☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

Qualifying Diagnosis: (Must specify)
- ☐ Prematurity (Adjusted age: _____ months)
- ☐ Failure to thrive
- ☐ Low birthweight
- ☐ Dysphagia
- ☐ Food allergy: _____
- ☐ Immune system disorder: _____
- ☐ Gastrointestinal disorder: _____
- ☐ Life-threatening disorder: _____
- ☐ Genetic/Metabolic disorder: _____
- ☐ Malabsorption (Nutrient: _____)
- ☐ Other medical condition(s): _____

SECTION III: WIC Food Restrictions

(Check one): ☐ **No food restrictions** (all WIC foods allowed) ☐ **Food restrictions** (specified below)

Infant (6–11 Months):
☐ No infant cereal ☐ No infant fruits/vegetables ☐ No infant foods, increased formula
☐ If premature: Provide infant foods after _____ months

Children (1–5 Years):
☐ No milk ☐ No cheese ☐ No eggs ☐ No yogurt ☐ No soy ☐ No tofu
☐ No peanut butter ☐ No beans ☐ No cereal ☐ No fruits/vegetables ☐ No juice
☐ No whole grains (Specify type(s): _____)
☐ Needs purees; provide infant fruits/vegetables ☐ No foods (formula only)

Comments:

SECTION IV: Health Care Provider Information

Provider Name (Printed): ☐ MD ☐ DO ☐ NP ☐ PA

Provider Signature:

Date:

Phone Number:

Medical Office/Clinic Name and Address:

Please Note:

WIC will not approve medical formula or medical food for the following conditions:

- Non-specific symptoms or diagnoses (e.g., colic, constipation, diarrhea, spitting up, picky eater, poor appetite, cramps, fussiness, gas, etc.)
- Solely to enhance nutrient intake or manage body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient/caregiver preference or food dislikes

WIC qualifying medical diagnoses/conditions include but are not limited to:

- Severe food allergies that require an elemental formula
- Premature birth
- Low birth weight
- Failure to thrive
- Gastrointestinal disorders
- Malabsorption syndromes
- Immune system disorders
- Life threatening disorders
- 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

Visit www.wicworks.ca.gov; click *Health Care Providers* for more information on WIC Formulas.

Questions: Contact 1-800-852-5770 or Formula@cdph.ca.gov.