



Medical Formula and Nutritionals Request Form

WIC Agency: **PHFE WIC Program**

Therapeutic Formula Fax #: 626 200-4264

WIC ID#:

SECTION I: Participant/Patient and Health Care Information

Patient Name: (First) _____ (Last) _____		Date of Birth: _____	
Parent/Caregiver Name: (First) _____ (Last) _____		Phone Number: _____	
Current Height/Length (Within 60 Days) inches _____	Current Weight (Within 60 Days) lbs _____ oz _____	Measurement Date: _____	Birth Weight/Length: lbs _____ oz _____ inches _____
Breastfeeding (birth to 12 months): <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Feeding breastmilk & formula <input type="checkbox"/> Never breastfed <input type="checkbox"/> Discontinued breastfeeding (Date: _____)			

WIC provides these products when they are NOT covered by Medi-Cal. Refer the patient to Medi-Cal for medically necessary formula or medical food.

Patient's Health Insurance:

- ☐ **Private** (Does not cover enteral products)
☐ **Medi-Cal** (Submit Rx to pharmacy)

SECTION II: Special Formula/Nutritionals and Qualifying Diagnosis

Formula/Medical Food (Not Listed Below/Specific Name): _____

Premature: <input type="checkbox"/> Enfamil NeuroPro EnfaCare <input type="checkbox"/> Similac NeoSure Nutritional Drinks: <input type="checkbox"/> PediaSure <input type="checkbox"/> PediaSure with Fiber <input type="checkbox"/> PediaSure 1.5 Cal <input type="checkbox"/> PediaSure 1.5 Cal with Fiber Medical Formula(s): <input type="checkbox"/> Similac PM 60/40	Hypo-Allergenic: <input type="checkbox"/> Alfamino Infant <input type="checkbox"/> Alfamino Junior, Unflavored <input type="checkbox"/> Alfamino Junior, Vanilla <input type="checkbox"/> EleCare Infant <input type="checkbox"/> EleCare Junior, Vanilla <input type="checkbox"/> EleCare Junior, Unflavored <input type="checkbox"/> Gerber Extensive HA <input type="checkbox"/> Neocate Infant <input type="checkbox"/> Neocate Junior, Unflavored	<input type="checkbox"/> Neocate Syneo Infant <input type="checkbox"/> Nutramigen Concentrate <input type="checkbox"/> Nutramigen LGG <input type="checkbox"/> Nutramigen LGG Toddler <input type="checkbox"/> Pregestimil <input type="checkbox"/> PurAmino <input type="checkbox"/> PurAmino Junior <input type="checkbox"/> Similac Alimentum
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Form: ☐ Powder ☐ Concentrate ☐ Ready-to-Feed (Requires justification unless this is the only available form)

Amount: _____ ounces per day **Duration:** ☐ 1 month ☐ 3 months ☐ 5 months
☐ 2 months ☐ 4 months ☐ 6 months

Qualifying Diagnosis:

<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Failure to thrive	<input type="checkbox"/> Prematurity	<input type="checkbox"/> Low birthweight	<input type="checkbox"/> Malabsorption
<input type="checkbox"/> Immune system disorder: _____	<input type="checkbox"/> Gastrointestinal disorder: _____			
<input type="checkbox"/> Genetic/Metabolic disorder: _____	<input type="checkbox"/> Life-threatening disorder: _____			
<input type="checkbox"/> Specific food allergy: _____	<input type="checkbox"/> Other medical condition(s): _____			

SECTION III: WIC Food Restrictions

☐ **No food restrictions** (All WIC foods allowed) ☐ **Food restrictions** (Specify below)

Infant 6–11 Months:

- ☐ No infant cereal ☐ No infant fruits and vegetables ☐ No infant foods, increased formula
☐ If premature, provide after ____ months of age.

Children 1–5 Years:

- ☐ No Milk ☐ No Cheese ☐ No Eggs ☐ No Yogurt ☐ No Juice
☐ No Peanut Butter ☐ No Beans ☐ No Cereal ☐ No Fruits/Vegetables
☐ No Whole Grains (Whole Wheat Bread, Corn/Wheat Tortillas, Brown Rice, Bulgur, Oatmeal, or Pasta)
☐ No Solids, provide infant fruits and vegetables ☐ No Solids, provide formula only

Comments:

SECTION IV: Health Care Provider Information

Provider Name (Printed):

☐ MD ☐ DO ☐ NP ☐ PA

Medical Office/Clinic Information or Stamp:

Date:

Phone Number:

Provider Signature:

Resources

Health Professionals: Go to www.wicworks.ca.gov; then click *Health Care Providers* for more information on WIC Formulas.

WIC will not approve the following conditions:

- Non-specific symptoms or diagnoses are insufficient for the purposes of California WIC prescriptions (e.g., colic, constipation, diarrhea, spitting up, picky eater, poor appetite, cramps, fussiness, gas, etc.)
- Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient/caregiver preference or food dislikes

WIC qualifying medical diagnosis/condition(s) which include but are not limited to:

- Severe food allergies that require an elemental formula (allergy must be specified)
- 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

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