



# 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

<b>Patient Name:</b> (First) _____ (Last) _____		<b>Date of Birth:</b> _____
<b>Parent/Caregiver Name:</b> (First) _____ (Last) _____		<b>Phone Number:</b> _____
<b>Current Height/Length</b> (Within 60 Days) inches _____	<b>Current Weight</b> (Within 60 Days) lbs _____ oz _____	<b>Measurement Date:</b> _____
		<b>Birth Weight/Length:</b> lbs _____ oz _____ inches _____

**Breastfeeding** (birth to 12 months):  
 Fully breastfeeding       Feeding breastmilk & formula  
 Never breastfed       Discontinued breastfeeding (Date: \_\_\_\_\_)

*WIC provides these products when they are **NOT** a covered benefit by Medi-Cal. Refer 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): \_\_\_\_\_

<b>Premature:</b> <input type="checkbox"/> Enfamil NeuroPro EnfaCare <input type="checkbox"/> Similac NeoSure Powder	<b>Hypo-Allergenic:</b> <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
<b>Nutritional Drinks:</b> <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		
<b>Medical Formula(s):</b> <input type="checkbox"/> Similac PM 60/40		

**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:**  Dysphagia     Failure to thrive     Prematurity     Low birthweight     Malabsorption  
 Immune system disorder: \_\_\_\_\_     Gastrointestinal disorder: \_\_\_\_\_  
 Genetic/Metabolic disorder: \_\_\_\_\_     Life-threatening disorder: \_\_\_\_\_  
 Specific food allergy: \_\_\_\_\_     Other medical condition(s): \_\_\_\_\_

## SECTION III: WIC Supplemental Foods

- No food restrictions** (All WIC foods allowed)       **Formula Only** (Increased formula no infant food package)  
 **Foods allowed with restrictions** (Specify below)

**Infant 6–11 Months:**     No infant cereal     No infant fruits and vegetables     If premature, provide after \_\_\_\_ months of age.

- No Milk     No Cheese     No Eggs     No Yogurt     No Juice
- Children 1–5 Years:**     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 and infant cereal     No Solids, provide formula only

**Comments:**

## SECTION IV: Health Care Provider Information

<b>Provider Name (Printed):</b> <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA	<b>Medical Office/Clinic Information or Stamp:</b>
<b>Date:</b> <b>Phone Number:</b>	
<b>Provider Signature:</b>	

## Resources

**Health Professionals:** Go to [www.wicworks.ca.gov](http://www.wicworks.ca.gov); then click *Health Care Providers* for more information.

### 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:** Call 1-888-942-9675 or 1-800-852-5770.