Rhode Island Department of Health WIC Program
Medical Documentation for WIC Nutritionals and Approved WIC Foods
Children 1 – 5 years old

Completion of this form is federally required to ensure that the patient under your care has a medical condition / diagnosis that requires the use of WIC-eligible formula/nutritional and/or changes to their supplemental food package.

A. Patient Information (Complete All)

Patient's Name:	Date of Birth:
Parent/Guardian Name:	
**Medical Diagnosis/Qualifying Condition(s):	

**** Please Note**: The following non-specific terms are NOT acceptable as qualifying conditions: constipation, feeding difficulty, picky eater, poor appetite, non-specific intolerances. Formula requests received with these terms will not be approved.

B. WIC-Eligible Formula / Nutritionals

Name of formula / nutritional requested:
Prescribed amount: oz per day
Requested length of issuance (please circle): 1 2 3 4 5 6 Months

C. WIC Food Restrictions / Requests (Please Check All That Apply)	**D.** Complete this section only if MD is not deferring to WIC Nutrition professional
☐ No food restrictions ☐ Request WIC Nutrition professional to determine food restrictions **OR** ☐ MD will determine food restrictions **(Complete section D)** ☐ Needs pureed consistency due to medical condition and inability to consume table foods ☐ Issue WIC-eligible formula / nutritionals only; Do not issue other WIC foods ☐ Issue whole milk to a child >2 years in addition to WIC-eligible formula / nutritionals ☐ Issue non-fat or 1% milk to a child 12-23 months old who has a w/l % > 97.7 on CDC growth charts	Do **not** issue the WIC foods below: ☐ Milk ☐ Yogurt ☐ Cheese ☐ Eggs ☐ Peanut butter ☐ Bread, rice, pasta, tortillas ☐ Cereal ☐ Juice ☐ Beans (dried / canned) ☐ Fruits and vegetables

E. Health Care Provider Information

Provider's Name (please print):		
Signature of health care provider:		
Address:		
Phone:	Fax#:	Date: