



Florida WIC Program Medical Referral Form

Shaded areas must be completed. See instructions for completing this form on the reverse side.

Is this client eligible for Healthy Start? Yes No

For WIC Office Use Only:

Date of WIC Certification Appointment _____

Client's Name _____ **Birth Date** _____ **Sex** M F

Address _____ **Phone Number** (____)____-____

City _____ **Zip Code** _____ **Social Security #** _____-____-____

Parent's/Guardian's Name _____ (for infants and children only)

For Pregnant Women

Height _____ inches Weight _____ lb Date Taken _____ (no older than 60 days)
Hemoglobin _____ OR Hematocrit _____ Date Taken _____ (must be during current pregnancy)
Expected Date of Delivery _____ Date of First Prenatal Visit _____ Prepregnancy Weight _____

For Breastfeeding and Postpartum (Non-Breastfeeding) Women

Height _____ inches Weight _____ lb Date Taken _____ (no older than 60 days)
Hemoglobin _____ OR Hematocrit _____ Date Taken _____ (must be in postpartum period)
Date of Delivery _____ Date of First Prenatal Visit _____ Weight at Last Prenatal Visit _____

For Infants and Children less than 24 months of age

Birth Weight _____ lb _____ oz Birth Length _____ inches
Current Height _____ inches Current Weight _____ lb Date Taken _____ (no older than 60 days)
Hemoglobin _____ OR Hematocrit _____ Date Taken _____ (required once between 6 to 12 months
AND once between 12 to 24 months)

For Children 2 to 5 years of age

Height _____ inches Weight _____ lb Date Taken _____ (no older than 60 days)
Hemoglobin _____ OR Hematocrit _____ Date Taken _____ (once a year unless value < 11.1 Hgb or
< 33% Hct, then required in 6 months)

Check all that apply. Please refer your client to WIC, even if nothing is checked below. This information assists the WIC nutritionist in determining eligibility, developing a nutrition care plan, and providing nutrition counseling. WIC staff may need to contact you or your staff to obtain more detailed medical information prior to providing WIC services.

- Medical condition (specify) _____
- Food allergy (specify) _____
- High venous lead level (10 µg/dl or more)
Lead level _____ Date Taken _____
- Current or potential breastfeeding complications
(specify) _____
- Recent major surgery, trauma, burns (specify) _____
- Other (specify) _____

Nutrition Counseling Requested – specify diet prescription/order _____

WIC Local Agency Address:

I refer this client for WIC eligibility determination:

Signature/Title of Health Professional _____

Date _____ **PLEASE PLACE OFFICE STAMP BELOW:**

Address:

Phone Number:

*****Parent or Guardian: Please bring a copy of your baby's/child's shot record to the WIC office.*****

Instructions for Completing the Florida WIC Program Medical Referral Form

All shaded areas must be completed in order for the form to be processed.

1. Check (✓) YES if the client has been screened and is eligible for Healthy Start. Check (✓) NO if the client is not eligible for Healthy Start. Leave blank if the client has not been screened. Note: Eligibility for Healthy Start does not affect a client's eligibility for WIC.
2. Complete the **client's name and birth date.**
3. Optional Information: the client's sex, mailing address, phone number, city, zip code, social security number, and the parent's or guardian's name for infants and children.

4. Complete the appropriate shaded section for the client.

Pregnant Women: Complete the height and weight measurements and the date they were taken. These measurements are to be taken no more than 60 days before the client's WIC appointment. (The WIC appointment may be recorded at the top of the form.) Complete the hemoglobin or hematocrit value and the date the value was taken. There is no limit on how old the bloodwork data can be, as long as the measurement was taken during the current pregnancy. Complete the expected date of delivery, the date of the client's first prenatal visit, and the prepregnancy weight.

Breastfeeding Women (eligible up to one year after delivery) and **Postpartum Women—Non-Breastfeeding** (eligible up to 6 months after delivery/termination of pregnancy): Complete the height and weight measurements and the date they were taken. These measurements are to be taken no more than 60 days before the client's WIC appointment. (The WIC appointment may be recorded at the top of the form.) Complete the hemoglobin or hematocrit value and the date the value was taken. There is no limit on how old the bloodwork data can be, as long as the bloodwork is taken after delivery of the most recent pregnancy. Complete the actual date of delivery, the date of the first prenatal visit, and the weight measurement at the last prenatal visit.

Infants and Children less than 24 months of age: Complete the infant's birth weight and birth length. Complete the current height and weight measurements and the date they were taken. These measurements are to be taken no more than 60 days before the client's WIC appointment. (The WIC appointment may be recorded at the top of the form.) Complete the hemoglobin or hematocrit value and the date the value was taken. A bloodwork value is required once during infancy between 6 to 12 months of age (preferably between 9 to 12 months of age) and once between 1 to 2 years of age (preferably 6 months from the infant bloodwork value).

Children 2 to 5 years of age: Complete the current height and weight measurements and the date they were taken. These measurements are to be taken no more than 60 days before the client's WIC appointment. (The WIC appointment may be recorded at the top of the form.) Complete the hemoglobin or hematocrit value and the date the value was taken. A bloodwork value is required once a year unless the value is abnormal (< 11.1 hemoglobin or < 33% hematocrit), then a bloodwork value is required in 6 months.

5. Check (✓) any health problem that you have identified. **Even if you have not identified a health problem, refer the client to the WIC program.**
6. If you would like a nutritionist to counsel your client on a specific diet, check the box and specify the diet prescription or diet order requested.
7. If possible, please provide a copy of the immunization record for infant and child clients.
8. Complete the shaded area at the bottom of the form with the **signature** of the health professional taking the measurement or his/her designee and the office address and phone number. **Stamp** the form with the office stamp or the health professional's stamp.
9. Give this completed form to the client or parent/guardian to bring to the WIC certification appointment or mail/fax the form to the local WIC agency address shown in the bottom left corner of the form.



Florida Department of Health WIC Program Medical Documentation for Formula and Food

The Florida WIC Program supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk. Final determination of the approval and provision of formula and food will be based on Florida WIC Program policies and procedures.

Client's Name: _____ Date of Birth: _____

FORMULA(S) and FOOD OPTIONS

Please read the back of this form for Florida WIC policies and list of qualifying medical conditions.

Enfamil milk-based formulas and Gerber soy-based formulas are the WIC contract formulas. (See the back of this form for more information about the WIC contract formulas.)

To request a substitute, complete all fields below.

Have WIC contract formulas been tried? Yes No Are they contraindicated? Yes No Why? _____

Formula Name: _____ maximum amount allowed OR specify ounces required per day

Formula Name: _____ maximum amount allowed OR specify ounces required per day _____

Do not issue WIC supplemental foods; provide formula only.

Licensed Dietitian/Nutritionist can determine which WIC supplemental foods to provide.

Child 1 year or older who is prescribed a formula requires the following WIC supplemental foods checked below:

Baby cereal AND baby fruits and vegetables Baby cereal AND regular fruits and vegetables

Issue a modified food package omitting the WIC supplemental foods checked below:

Infant under 1 year: No baby cereal at 6 months of age No baby fruits and vegetables at 6 months of age

Woman or Child 1 year or older: No milk No yogurt (only provided for women & children 2 years and older) No cheese

No fruit juice No beans No cereal No whole wheat bread/pasta/tortillas; brown rice; or corn tortillas No eggs

No fruits & vegetables No peanut butter (only provided for women & children 2 years and older) No fish (only provided for some women)

Any special instructions or additional restrictions: _____

Length of use (cannot exceed 6 months): 1 month 3 months 6 months Other, please specify _____

Qualifying medical condition(s): _____

Date Anthropometric data obtained: _____ **Height or Length:** _____ inches **Weight:** _____ lbs

Failure to Thrive must be accompanied by current height or length and weight.

MILK SUBSTITUTES and OPTIONS - Only complete this section when applicable.

Child 1 year to less than 2 years old - WIC provides **whole cow's milk OR whole lactose-free cow's milk.**

Soy formula instead of cow's milk and cheese for: Cow's milk allergy Vegan diet Lactose intolerance

Check which soy formula: Gerber Graduates Soy Gerber Good Start Soy Other _____

Woman or Child 2 years or older - WIC provides **1% lowfat or fat free cow's milk OR 1% lowfat or fat free lactose-free cow's milk OR soy milk.**

If prescribing a formula for a woman or child 1 year or older, what type of milk do you want WIC to provide?

Whole milk 1% lowfat or fat free milk 2% reduced fat milk No milk

Any special instructions or additional restrictions: _____

Must have office stamp or complete practice address and phone number

Print Name

Phone Number

Signature of Physician, ARNP, or PA

Date

Dear Health Care Provider:

Thank you for your continuing support of the Florida WIC Program. WIC supports the American Academy of Pediatrics' Statement on Breastfeeding and the Use of Human Milk. WIC encourages mothers to fully breastfeed their babies for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. Local WIC agency staff can assist WIC mothers with breastfeeding or make appropriate referrals.

The Florida WIC Program provides a limited number of milk-based and soy-based formulas for WIC infants who are not fully breastfeeding. (See list of WIC contract formulas below.) The use of federally mandated competitive procurement for standard infant formulas has allowed the program to purchase formula at a greatly reduced cost. Use of the WIC contract formulas provides additional funds for the Florida WIC Program to serve more pregnant, breastfeeding, and postpartum women; infants; and children.

Completion of this form is not needed for infants under 12 months of age to receive a WIC contract formula.

WIC contract standard infant formulas are the following formulas: *Note: All contract formulas have DHA and ARA.*

Enfamil Newborn milk-based formula, 80:20 whey-to-casein ratio, with increased vitamin D per ounce (400 IU vitamin D in 27 oz)

Enfamil Infant milk-based formula, 60:40 whey-to-casein ratio (400 IU vitamin D in 34 oz)

Enfamil Gentlease partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 20% lactose

Enfamil Reguline partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 50% lactose, and a blend of two prebiotics-- galacto-oligosaccharide (GOS) and polydextrose (PDX)

Enfamil A.R. thickened milk-based formula, 20:80 whey-to-casein ratio

Gerber Good Start Soy partially hydrolyzed soy-based formula

For ages 9 months and older, the following contract formulas are also available:

Enfagrow Toddler Transitions milk-based formula, 20:80 whey-to-casein ratio

Enfagrow Toddler Transitions Gentlease partially hydrolyzed milk-based formula, 60:40 whey-to-casein ratio, 25% lactose

Gerber Graduates Soy partially hydrolyzed soy-based formula

This form must be completed with a qualifying medical condition for infants to receive a formula other than a contract formula OR for children 12 months and older or women to receive either a contract formula or another formula.

WIC Program Policy for Formulas Other than the Contract Formulas

- By completing this form, you are indicating that a diagnosed qualifying medical condition necessitates the use of a different formula(s) from the current contract formulas. The local WIC clinic cannot consider the requested formula(s) without all of the required information.
- Substitution of another formula will only be considered if it meets the qualifying medical conditions as described below.
- Requests are limited to 6 months. It is our policy to re-evaluate the client's continued need for the formula(s) on a periodic basis during the requested time period.
- In some cases, incomplete or limited medical information may prevent the approval of the formula(s) requested. In order to expedite the approval process, WIC staff may need to contact the health care provider who requested the formula(s) to obtain more detailed medical information. Complete contact information is required on the front of the form.

Qualifying Medical Conditions – formula approvals will be considered for one or more of these reasons:

- **Premature birth** will be considered a qualifying medical condition for infants under 12 months of age to receive a premature formula.
- **Low birth weight** will be considered a qualifying medical condition for infants under 6 months of age to receive a high calorie formula.
- Inborn errors of metabolism and metabolic disorders.
- **Must** specify gastrointestinal disorder or malabsorption syndrome that impairs ingestion, digestion, absorption, or utilization of nutrients that could adversely affect nutritional status.
- GER or GERD **only** with an additional qualifying medical condition.
- Immune system disorders.
- **Must** specify life threatening disorders, diseases, or conditions.
- An extensively hydrolyzed formula or amino acid based formula can be provided for a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein.
- **Failure to Thrive** **only** when child is documented with one or more of the following: at or below 5th percentile weight-for-length on WHO growth charts for ages under 24 months **OR** at or below 5th percentile BMI-for-age on CDC Growth Charts for ages 24 months and older **OR** has dropped one growth channel in a 6-month time period which results in the child being below the 25th percentile weight-for-length or BMI-for-age. Current anthropometric data required.

Non-qualifying Conditions – formulas will **not** be approved solely for one or more of these reasons:

- Colic, spitting up, gassiness, or fussiness.
- Diarrhea, vomiting, or constipation that is of short duration or intermittent.
- Feeding difficulty without giving medical diagnosis.
- Medically necessary without giving medical diagnosis.
- Participant preference.
- Enhancing nutrient intake or managing body weight.
- Non-specific formula or food intolerance.

A standard milk-based or soy-based infant formula (other than the WIC contract formulas listed above) cannot be provided to a WIC participant for formula intolerance or food allergy to lactose, sucrose, milk protein, or soy protein.

No type of formula can be provided to a child or woman with lactose intolerance who is able to drink lactose-free milk.

If you have a question about a specific formula, please contact your local WIC office or the Florida WIC Program at 1-800-342-3556.

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