

**WISCONSIN WIC REQUEST FOR MEDICAL FOOD**  
**Pregnant, Breastfeeding, and Nonbreastfeeding Postpartum Women**

All requests are subject to WIC approval and provisions based on program policy and procedures.  
Please fax this completed form to the WIC clinic or have your patient return it to their WIC clinic.

Patient's First and Last Name \_\_\_\_\_ Birthdate (MM/DD/YY) \_\_\_\_\_

Clinical Data (optional for WIC referrals)	Weight: _____ Date: _____	Height: _____ Date: _____
	Hgb: _____ g/dL or Hct: _____ % Date: _____	Vitamin/Mineral Rx: _____
	Expected Delivery Date _____	Pre-pregnancy Weight _____

**I. Qualifying Medical Condition** *required*

Symptoms such as constipation, diarrhea, lactose or other intolerance are **not** considered acceptable medical diagnoses and will not be approved by WIC for issuance of a medical food. WIC **cannot** provide medical foods to enhance nutrient intake or manage body weight without underlying medical conditions.

- Immune system disorder (specify): \_\_\_\_\_
- Gastrointestinal disorder: \_\_\_\_\_
- Malabsorption syndromes(specify): \_\_\_\_\_
- Other medical condition that impairs nutrition status (specify): \_\_\_\_\_

**II. Requested Medical Foods** *required*

- A.  Ensure Nutrition Shake     Ensure Plus     Ensure High Protein  
 Boost Original     Boost Plus     Boost High Protein     Boost Glucose Control  
 Whole Milk (only in combination with one of the above prescribed products and a medical diagnosis)

**B. Requested amount:** \_\_\_\_\_ per day

WIC is unable to provide more than WIC's maximum monthly amounts, which may not meet patient's full needs, see [www.dhs.wisconsin.gov/wic/professionals.htm](http://www.dhs.wisconsin.gov/wic/professionals.htm).

- C. **Intended length of use:**  Throughout pregnancy     1 month     3 months     6 months

**III. Special Instructions/Relevant Obstetrical History**

**IV. Health Care Provider Information** *required*

**SIGNATURE** – Health Care Provider (MD, DO, PA, ARNPP)

Date Signed

Printed Name of Health Care Provider:

Medical Office/Clinic:

Telephone Number:

Fax Number:

**Local WIC Project Name, Phone Number, Fax Number**

**WIC USE ONLY**     Approved     Not Approved

By: \_\_\_\_\_

Date: \_\_\_\_\_

Nondiscrimination statement available at: [www.dhs.wisconsin.gov/wic](http://www.dhs.wisconsin.gov/wic)

Date new request needed: \_\_\_\_\_

## Instructions

Use this form to request WIC-eligible nutritionals for pregnant, breastfeeding, and nonbreastfeeding postpartum women with qualifying medical conditions. If you have questions or need additional clarification, please contact the WIC agency where your patient is receiving WIC benefits. A directory of Wisconsin WIC agencies can be found at: [www.dhs.wisconsin.gov/WIC/local-projects.htm](http://www.dhs.wisconsin.gov/WIC/local-projects.htm)

A WIC Registered Dietitian Nutritionist (RDN) will review and fill requests for nutritionals and supplemental foods according to federal regulations and Wisconsin WIC program policies and procedures. WIC may require additional documentation for request approval if diagnoses are missing, incomplete, non-specific, or inconsistent with anthropometric data. A WIC RDN may contact you if further clarification is needed.

RENEWAL OF THIS FORM REQUIRED PERIODICALLY

**Client information:** Print first and last name and date of birth.

**Clinical data:** Optional, but completion is recommended if the information will support the medical request, needed for a WIC appointment, or to be used as a referral to WIC.

The following sections are required to be completed by health care provider to request WIC medical food.

- I. Qualifying Medical Condition:** select one or more of the described medical diagnoses or “other medical condition that impairs nutrition status” and specify diagnoses. ICD codes are not required. Special formulas cannot be provided by WIC solely for the purpose of enhancing nutrient intake or managing body weight.
- II. Requested Medical Formula:**
  - a. Medical Foods: Select the requested medical food. All Wisconsin WIC approved medical foods for women are listed on the form. For additional medical food/nutritional information, go to [www.dhs.wisconsin.gov/wic/professionals.htm](http://www.dhs.wisconsin.gov/wic/professionals.htm)
  - b. Requested amount: Specify amount requested in number of bottles per day. Ranges are allowed. WIC max, ad lib, and as tolerated are not acceptable. View the maximum amount WIC is able to provide on the Wisconsin website [www.dhs.wisconsin.gov/wic/professionals.htm](http://www.dhs.wisconsin.gov/wic/professionals.htm)
  - c. Intended length of use: Check the number of months or throughout pregnancy.
- III. Special Instructions:** Include details of relevant medical conditions and obstetrical history.
- IV. Health Care Provider Information:** Licensed health care provider must sign and date. This can include physician, physician assistant, and advanced practice certified nurse prescriber such as a nurse practitioner and certified nurse midwives who have obtained certification in order to prescribe. Contact information may be printed or stamped and must be legible.

We appreciate your cooperation and partnership in serving the Wisconsin WIC population.