



Woman, Infants and Children (WIC) Healthcare Provider Medical Documentation



Rev. 3/15/2023

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 a WIC-eligible nutritional product and or changes to their supplemental food package. This form replaces prescriptions from health care providers. **Please fax the completed form to the WIC clinic or have your patient return the document to the WIC clinic. Thank you!**

WIC Clinic:
WIC Contact Name:
WIC site phone #: 671-
WIC site Fax #:671-
Email: guamwic@dphss.guam.gov

PATIENT INFORMATION

Patients name (Last, First, MI): **DOB:**
Parent/Caregiver's name (Last, First, MI):

HEALTHCARE PROVIDER INFORMATION (Complete ALL applicable information below)

FOOD PACKAGE MODIFICATION

WIC-eligible nutritional product and WIC standard supplemental foods (Complete all that apply below)

1. Additional supplemental foods will be issued for patients **over six months of age**, unless contraindicated. Check the supplemental food issuance changes, if any, appropriate for your patient:

- ☐ **All:** Provide the full WIC food package as allowed for the patient's WIC category
☐ **None:** Do not provide any WIC foods at this time; issue WIC-eligible nutritional product prescribed only.
☐ **Modified:** The WIC foods indicated below need to be modified/omitted from my patient's WIC food package.

WIC Participant Category	WIC supplemental Foods to Omit/Modify		Special Instructions/ Other Restrictions and/or modifications
Infants (6-11 months)	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant meat	<input type="checkbox"/> infant fruit <input type="checkbox"/> regular banana <input type="checkbox"/> infant vegetable	<input type="checkbox"/> continue with 4-5 mo. old food package for 6-11 mo. old infant - (FP III additional) <input type="checkbox"/> other:
Children (12-60 months) and Women	<input type="checkbox"/> Milk <input type="checkbox"/> Yogurt	<input type="checkbox"/> Cheese <input type="checkbox"/> Tofu	
	<input type="checkbox"/> Eggs <input type="checkbox"/> whole wheat and/or other whole grain prod.	<input type="checkbox"/> Peanut butter	

SPECIAL FORMULA REQUEST

Name of WIC-eligible nutritional product or nonstandard (exempt) formula:
Prescribed amount: ☐ WIC Maximum Monthly Allowance; ☐ or lesser amount at per day

HEALTHCARE PROVIDER (Letters A-E MUST be filled out or it may be rejected)

A. Medical diagnosis/qualifying condition:

(Justifies the medical need) See of back page for conditions and examples

Note: The qualifying medical diagnosis must correspond with the medical need of the prescribed WIC formula or WIC foods. Symptoms such as colic, constipation, spitting up, formula intolerance or fussiness are **not** an acceptable medical diagnosis for WIC.

B. Medical documentation valid for: ☐ 1 mo. ☐ 2 mo. ☐ 3 mo. ☐ 4 mo. ☐ 5 mo. ☐ 6 mo.

C. Signature of health care provider: **DATE:**

D. Provider's name (please print): ☐ MD ☐ PA ☐ DO ☐ NP

E. Medical office/ Clinic: **Phone #:** **Fax #:**

WIC USE ONLY
REV: 11/4/2025

Approved by:

Date:

WIC ID:

Qualifying Conditions with a Medical Diagnosis:

- Premature birth
- Low birth weight
- Failure to thrive
- Inborn errors of metabolism (such as PKU, galactosemia, Tay-Sachs, etc.)
- Metabolic disorders (such as Wilson's disease, etc.)
- Gastrointestinal disorders (such as IBS, diverticular disease, fissures, hemorrhoids, etc.)
- Malabsorption syndrome (such as carbohydrate intolerance, sprue, chron's, colitis, etc.)
- Immune system disorders (such as asthma)
- Severe food allergies that require elemental formula (cow milk protein allergy, etc.)
- Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or the utilization of nutrients (i.e. diagnose the condition).

(Not solely for the purpose of enhancing nutrient intake or managing body weight)