Section I: Instructions for Pediatric Referral Form

Provide a Hgb or Hct lab result that was completed during the last 12 months and every 6 months when abnormal.

After health care provider discusses breastfeeding with the mother, check the box that reflects the breastfeeding plan.

The local WIC agency will provide this information.

Include health care provider's signature and/or signature stamp.

Update October 2014
Section II: Instructions when Therapeutic Formula is required

Section II is only completed if a therapeutic formula or medical food is prescribed.

Check a diagnosis. If “Food Allergy” is checked, identify the food allergy. If “Other” is checked, provide the specific diagnosis.

When a therapeutic formula is prescribed, check all WIC foods that should NOT be given to the patient at the correct age.

Refer patient to his or her health plan for medically necessary formulas and medical foods. The health care provider must provide medical justification to prevent formula denials.

Write the name of the medically necessary formula or medical food that is prescribed for the diagnosis identified. Also include the duration and amount of ounces per day.

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