Department of Health Services
Division of Public Health
F-44024A (09/2025)

State of Wisconsin
Bureau of Community Health Promotion
WIC Program, Federal Reg. 246

Wisconsin WIC Referral/Request for Medical Food
Pregnant, Breastfeeding, and Non-breastfeeding Postpartum

All requests are subject to WIC approval and provisions based on program policy and procedures.
Please fax/email this completed form to the WIC clinic.

Section I: Complete this section to assist with WIC eligibility and services. Complete both sections I and II when a medical food is requested.

Patient's first and last name: _____ Birthdate (MM/DD/YY): _____

Patient's phone number: _____

Clinical data	Weight: _____ Date: _____	Height: _____ Date: _____
	Hgb: _____ g/dL or Hct: _____% Date: _____	Vitamin/Mineral Rx: _____
	Expected delivery date: _____ Pre-pregnancy weight: _____ Delivery date: _____	

☐ Support needed for human milk feeding and/or expression. Notes: _____

Section II: Complete all boxes to request a medical food. Incomplete information may delay WIC approval. See page two for detailed instructions.

A. Qualifying medical condition *required*

Symptoms such as constipation, diarrhea, lactose intolerance 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): _____

B. Requested medical foods *required*

☐ Ensure Nutrition Shake ☐ Ensure Plus ☐ Ensure High Protein ☐ Kate Farms Standard 1.0
☐ Boost Original ☐ Boost Plus ☐ Boost High Protein ☐ Boost Glucose Control

Only allowed with one of the above prescribed products and medical diagnosis: ☐ Whole milk ☐ Whole milk yogurt

Requested amount: _____ per day

Intended length of use: ☐ Throughout pregnancy ☐ 1 month ☐ 3 months ☐ 6 months

C. Special instructions/relevant obstetrical history

D. Health care provider information *required*

Signature – Health care provider (MD, DO, PA, NP)	Date signed

Printed name of health care provider:

Medical office/clinic:

Phone number: Fax number:

Local WIC agency name, phone number, fax number	**WIC USE ONLY** ☐ Approved ☐ Not approved
Chippewa County WIC P: 715-726-7903 F: 715-726-7910	By: _____ Date: _____ Date new request needed: _____
Nondiscrimination statement available at: www.dhs.wisconsin.gov/wic	

Instructions

Use this form to make a referral to WIC and/or request WIC-eligible medical foods for pregnant, breastfeeding, and non-breastfeeding postpartum patients 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

A WIC Registered Dietitian Nutritionist (RDN) reviews and fills requests for medical 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 is required periodically

Section I:

Patient information: Print first and last name, date of birth, and phone number.

Clinical data: Enter the patient's most recent measurements to decrease repetition at the WIC appointment and to support the medical requests.

Human milk: Check the box if the patient needs support with human milk feeding and/or expression from WIC. Local WIC agency staff are trained to support human milk feeding. Add notes as needed.

Section II:

A. **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. Medical foods cannot be provided by WIC solely for the purpose of enhancing nutrient intake or managing body weight.

B. **Requested medical foods:**

1. 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
2. Requested amount: Specify amount requested in number of bottles per day. Ranges are allowed. WIC max, ad lib, and as tolerated are not acceptable. WIC is unable to provide more than WIC's maximum monthly amounts, which may not meet patient's full needs,
3. Intended length of use: Check the number of months or throughout pregnancy.

C. **Special instructions:** Include details of relevant medical conditions and obstetrical history.

D. **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 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.