



# Pediatric Referral



WIC Agency: Butte County WIC - Oroville  
 82 Table Mountain Blvd  
 (530) 538-7455 Phone  
 (530) 538-2092 Fax

WIC ID#:

**SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals.**  
*Whenever a therapeutic formula is prescribed, complete both Sections I and II.*

PATIENT NAME: (First) (Last)

CURRENT HEIGHT/LENGTH: (within 60 days) Inches	CURRENT WEIGHT: (within 60 days) lbs	CURRENT BMI: (within 60 days) BMI percentile: %	MEASUREMENT DATE:	DATE OF BIRTH:	BIRTH WEIGHT / LENGTH: lbs oz / inches
--	--	--	-------------------	----------------	---

HEMOGLOBIN OR HEMATOCRIT TEST is required every 12 months when normal and every 6 months when abnormal.

Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date
--------------------------------------	-----------------

**BREASTFEEDING ASSESSMENT** (birth to 12 months):

- Fully breastfeeding    
  Never breastfed    
  Feeding breastmilk & formula    
  Discontinued breastfeeding (Date: \_\_\_\_\_)

**COMMENTS:**

HEALTH PROFESSIONAL NAME

HEALTH PROFESSIONAL SIGNATURE

MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP

PHONE NUMBER

TODAY'S DATE

**SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.**

**DIAGNOSIS:**  
 Prematurity     GERD or reflux     Food allergy  
 Failure to thrive     Dysphagia     Other:

**FORMULA / MEDICAL FOOD:** \_\_\_\_\_  
**DURATION:** \_\_\_\_\_ months    **AMOUNT:** \_\_\_\_\_ oz. / day

This prescription is:     New     Refill  
 NOTE: At 1 year of age, the patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless Do Not Give is checked for cow's milk (see WIC Food Restrictions).

**COMMENTS:**

**WIC FOOD RESTRICTIONS:** The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

Category	WIC Foods	Do Not Give	Restriction / Comment
Infants (6-11 mo)	Baby cereal		
(9-11 mo)	Baby fruits / vegetables		
	Fresh fruits / vegetables		
Children (1-5 yr)	Cow's milk		
	Cheese		
	Eggs		
	Peanut butter		
	Whole grains *		
	Cereal		
	Beans		
	Fruits / vegetables		
	Juice		
	Yogurt		

\* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal

**HEALTH COVERAGE: Refer patient to their health plan or Medi-Cal for a medically necessary formula or medical food.**  
 WIC only provides these products when they are NOT a covered benefit by the patient's health plan or by Medi-Cal.

**Provide patient's health insurance information:**

Private insurance: \_\_\_\_\_  
 Medi-Cal managed care: \_\_\_\_\_  
 Other: \_\_\_\_\_

Regular Medi-Cal (fee-for-service):     Yes     No

**Check action taken:**

Submitted justification to health plan  
 Submitted justification to pharmacist

**If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:**

Gave formula samples     Referred to Medi-Cal     Referred to WIC

**QUESTIONS:** Call 1-888-942-9675 or 1-800-852-5770.  
 Health Professionals: Go to [www.wicworks.ca.gov](http://www.wicworks.ca.gov); click [Health Care Professionals](#); then click [WIC contacts for MDS](#).