



Massachusetts WIC Program Formula Intolerance Checklist

Infant's Name: _____ Date of Birth: _____

Caregiver: _____ ID #: _____

Local WIC Program: _____ Site _____

FEEDING HISTORY

Infant's Age

Comments:

- _____ Breastmilk _____
- _____ Good Start Supreme _____
- _____ Good Start Supreme Soy _____
- _____ Other Formula _____
- _____ Juice or Solids _____

MEDICAL HISTORY

___ Yes ___ No Does your family have a history of allergy to cow's milk or soy products?

___ Yes ___ No Has the infant been sick or had a fever recently?

___ Yes ___ No Are there any: ___ GI Symptoms ___ Skin Rashes ___ Respiratory Symptoms
___ Dev Delays

___ Yes ___ No Is the infant taking medication? If so, what _____

___ Yes ___ No Are there any changes in health or growth of the infant?

Comments: _____

FORMULA PREPARATION AND FEEDING

How do you mix and store formula? _____

How much formula are you feeding infant? _____

How do you hold your infant during feeding? _____

How often do you burp your baby? _____

SCREENING RESULTS (to be completed by nutritionist)

___ Screening reveals no apparent intolerance or condition contraindicating standard formula.

___ Problem appears to be caused by improper mixing, feeding or storage of formula. Caregiver received appropriate education.

___ Alternate or therapeutic formula appears to be needed.

Comments: _____

Nutritionist's signature: _____ Date _____