

Visit Planner

Date of Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Provider:</b>	<b>Patient:</b> Adda Patient	<b>Gender:</b> Female	<b>Phone:</b>
<b>Visit Provider:</b>	<b>MRN:</b>	<b>DOB:</b> 10/13/2011 (0)	
<b>Conditions:</b> HCY Interval	<b>Preferred Language:</b>		
<b>Comorbidities:</b>	<b>First Measure Date:</b>		
<b>Other Allergies:</b>			
<b>Drug Allergies:</b>			
<b>Medications:</b>			

Demographics	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Patient has attended an outpatient metabolic visit during the past 12 months?	Yes, No			Yes	356	
Was patient re consented for at age of majority or emancipation	Yes, N/A				Per Visit	
Is patient followed by >1 metabolic center?	Missing/unknown data, yes, no				Per Visit	
If patient is followed by >1 metabolic center note which Metabolic Centers in which States (enter N/A if not applicable)					Per Visit	
If patient is followed by >1 metabolic center, did patient grant permission to share data via IBEM-IS between treating metabolic centers?	Missing/unknown data, N/A, Yes, No				Per Visit	
If deceased, date of death (if N/A enter 01/01/1901)					Per Visit	
Metabolic follow up status	Active, Inactive - Deceased, Inactive - Lost to follow up, Inactive - Moved to another State participating in IBEM-IS, Inactive - Moved to another State not participating in IBEM-IS, Inactive -Refused follow up, Inactive - Treatment deemed not necessary				Per Visit	
Primary Care Provider Name (enter "unknown" if missing information, enter "none" if no primary care provider)					Per Visit	
Primary care status	missing/unknown data, on schedule for preventive care, seen for preventive care but not up to date, does not go to primary care provider				Per Visit	
Immunization status	missing/unknown data, up to date, no immunizations to date, immunization lag due to staging, immunization lag due to other reason (s)				Per Visit	
Socioeconomic Status	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Current insurance status	Missing/unknown data, commercial/private insurance, military insurance, none (self-pay), State program (newborn screening funds/special needs program/MCH block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit	
Measurements	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Weight at this visit (enter 99999 if not measured)	(kg)				Per Visit	
Height at this visit (enter 99999 if not measured)	(cm)				Per Visit	
Head circumference (OFC) at this visit (enter 99999 if not measured)	(cm)				Per Visit	
Blood Pressure at this visit (enter 99999 if missing/unknown)					Per Visit	
Diagnostic Testing	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Diagnosis	cystathionine beta-synthase (CBS) deficiency, methylene tetrahydrofolate reductase (MTHFR) deficiency, cobalamin D variant 1, cobalamin E, cobalamin G				Per Visit	
Past Health History	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Date of last outpatient metabolic visit (if unknown enter 01/01/1901)					Per Visit	

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Past Health History	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Is there evidence of optic nerve atrophy on ophthalmology exam done since last outpatient metabolic visit?	Missing/unknown data, N/A – ophthalmology exam not done since last outpatient metabolic visit, yes, no				Per Visit	
Has patient had general anesthesia since the last outpatient metabolic visit?	Missing/unknown data, yes, no				Per Visit	
Has patient had surgical procedure(s) since the last outpatient metabolic visit?	Missing/unknown data, yes, no				Per Visit	
What type of surgical procedure(s) were done since the last outpatient metabolic visit? If not applicable enter N/A					Per Visit	
Complications associated with surgical procedure(s) done since the last outpatient metabolic visit? If not applicable enter N/A					Per Visit	
Does patient current demonstrate extrapyramidal signs?	Missing/unknown data, yes, no				Per Visit	
Does patient currently have signs of skeletal involvement?	Missing/unknown data, yes, no				Per Visit	
Does patient currently have a gait abnormality?	Missing/unknown data, yes, no				Per Visit	
Does patient currently have mental health concern	Missing/unknown data, yes, no				Per Visit	
Is there evidence of ectopia lentis on ophthalmology exam done since last outpatient metabolic visit	Missing/unknown data, N/A – ophthalmology exam not done since last outpatient metabolic visit, yes, no				Per Visit	
Is there evidence of iridodensis on ophthalmology exam done since last outpatient metabolic visit	Missing/unknown data, N/A – ophthalmology exam not done since last outpatient metabolic visit, yes, no				Per Visit	
Is there evidence of myopia on ophthalmology exam done since last outpatient metabolic visit	Missing/unknown data, N/A – ophthalmology exam not done since last outpatient metabolic visit, yes, no				Per Visit	
List specific comorbidities (enter N/A if not applicable, enter unknown if missing information)					Per Visit	
Emergency Management	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Patient/primary caregiver knows how to reach the 24 hour on-call contact information for a metabolic provider	Missing/unknown data, yes, no				Per Visit	
Patient/primary caregiver currently has a written emergency letter for this disorder?	Missing/unknown data, yes, no				888	
Patient/primary caregiver currently has a sick day plan specific to this disorder?	Missing/unknown data, yes, no				Per Visit	
Patient was enrolled in a web-based emergency alert program?	Missing/unknown data, yes - MEMSCIS, yes - other web-based program, no				Per Visit	
Number of ER visits since last metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10, >10				Per Visit	
Number of ER visits METABOLIC RELATED since last outpatient metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10, >10				Per Visit	
Total number of ER visits with NO metabolic decompensation since last outpatient metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10, >10				Per Visit	
Number of hospital admissions (total) since last metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10, >10				Per Visit	
Total number of hospital (inpatient) days METABOLIC RELATED since last outpatient metabolic visit	Missing/unknown data, 0,1,2,3,4,5,6,7,8,9,10,11-20,21-30,31-40, 41-50, 51-60,>60				Per Visit	
Care Coordination	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Other health services received currently	Missing/unknown data, None, Audiology, Behavioral/developmental Pediatrics, Cardiology, Dermatology, Endocrinology, Hematology/oncology, Home health care, Nephrology, Neurology, Neuropsychology, Occupational therapy, Ophthalmology, Orthopedics, Otolaryngology, Physical therapy, Psychiatry, Psychology, Public health nursing,				Per Visit	

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Care Coordination	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
	Pulmonology, Respiratory therapy, Speech-language therapy, Transplant evaluation - kidney, Transplant evaluation-heart, Transplant evaluation - liver, Transplant received - kidney(complete Transplant survey now if not previously done), Transplant received - heart(complete Transplant survey now if not previously done), Transplant received-liver(complete Transplant survey now if not previously done), Other					
Community resources received currently	Missing/unknown data, none, daycare, family support group related to this IBEM, family support - other, Medical Home, nutritional services (WIC/MAC), personal care attendant (PCA), preschool, Head Start, respite care, social services - county, social services - medical, social services - developmental disability, waived services (CAC/CADI waiver /other waivers), other				Per Visit	
Providers seen at this metabolic visit	Dietitian, genetic counselor, neuropsychologist, nurse, nurse practitioner, physician, physician assistant, psychologist, social worker, other (go to next question and explain)				Per Visit	
Other providers seen at this metabolic visit(enter N/A if not applicable)					Per Visit	
Developmental Assessment	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Developmental screening occurred at this visit?	Missing/unknown data, yes, no				Per Visit	
Developmental screening tool used at this visit (if screening was done)	Missing/unknown data, N/A - no developmental screening occurred at this visit, Ages and Stages Questionnaire, Ages and Stages - Social/Emotional Questionnaire, Denver (DDST-II), PEDS Questionnaire, provider history, other standardized screening tool				Per Visit	
Developmental milestones achieved at this time?	Missing/unknown data, N/A - no developmental screening occurred at this visit, yes, no				Per Visit	
If developmental milestone(s) not achieved, which one(s) were not achieved?	Missing/unknown data, N/A - developmental screening occurred at this visit and all developmental milestones were achieved, N/A - no developmental screening occurred at this visit, Cognitive, Fine motor, Gross motor, Social-emotional, Speech-language				Per Visit	
If developmental milestones were not achieved, was patient referred for further developmental evaluation?	Missing/unknown data, N/A - all milestones achieved, N/A - no developmental screening occurred at this visit, yes, no				Per Visit	
Was neuropsychological evaluation done since last outpatient metabolic visit? (If yes, complete Neuropsych Survey)	Missing/unknown data, Yes, No				Per Visit	
Overall neuropsychological testing impression (from most recent neuropsych evaluation)	Missing/unknown data, N/A - no neuropsych evaluation has been done on this patient, above average, average, below average				Per Visit	
Are behavioral concerns suspected at this time?	Missing/unknown data, Yes (go to next question and explain), No				Per Visit	
If behavioral concerns are suspected at this time, explain (enter N/A if no behavioral concerns suspected)					Per Visit	
If behavioral concerns are suspected at this time, was patient referred for further evaluation?	Missing/unknown data, N/A - no behavioral concerns suspected, Yes - to behavioral pediatrics, Yes - to neuropsychologist, Yes - to psychiatrist, Yes - to psychologist, Yes - to therapist/counselor, Yes - to other, No				Per Visit	
Education	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Was patient referred for Special Education evaluation at this time?	Missing/unknown data, yes, no				Per Visit	
Special Educational services are	Missing/unknown data, N/A - no Special Ed				Per Visit	

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<b>Education</b>	<b>Today's Action</b>	<b>Last Value</b>	<b>Date Last</b>	<b>Pt. Goal</b>	<b>Int. Days</b>	<b>Due Date</b>
received currently: age (in years) child qualified for services?	services are currently received, N/A - patient is >21 years old, <1, >1-2, >2-3, >3-4, >4-5, 6-10, 11-17, 18+					
Reason Special Educational services are received currently?	Missing/unknown data, N/A (no Special Ed services are currently received), cognitive disability, developmental delay, fine motor disability, gross motor disability, learning disability, social-emotional disability, speech-language disability, other health impaired (OHI), other				Per Visit	
<b>Laboratory Studies</b>	<b>Today's Action</b>	<b>Last Value</b>	<b>Date Last</b>	<b>Pt. Goal</b>	<b>Int. Days</b>	<b>Due Date</b>
Molecular testing: Common or targeted mutation panel done at this visit(enter specific mutation(s) on Intake Survey)?	Missing/unknown data, no, yes - abnormal: compound heterozygote, yes - abnormal: homozygote, yes - abnormal: simple heterozygote, yes - alteration(s) of unknown significance detected, yes but no mutations were detected				Per Visit	
Molecular testing: Full sequencing done at this visit(enter specific mutation(s) on Intake Survey)?	Missing/unknown data, no, yes - abnormal: compound heterozygote, yes - Presumed compound heterozygote – 2nd mutation not identified, yes - abnormal: homozygote, yes - abnormal: simple heterozygote, yes - alteration (s) of unknown significance detected, yes but no mutations were detected				Per Visit	
Lab tests chemistry collected at this visit	Missing/unknown data, none, ABG-WNL, ABG-Abn, Anion Gap-WNL, Ammonia – WNL, Ammonia – Abn, Anion Gap-Abn, Ca++-WNL, Ca+++-Abn, Cl-WNL, Cl-Abn, CO2-WNL, CO2-Abn, Gluc-WNL, Gluc-Abn, K+-WNL, K+-Abn, LDH - WNL, LDH - Abn, Magnesium - WNL, Magnesium - Abn, Na+-WNL, Na+-Abn, Phosphorus - WNL, Phosphorus - Abn, Total Cholesterol(fasting) - WNL, Total Cholesterol (fasting) - Abn, Total Cholesterol(random) - WNL, Total Cholesterol(random) - Abn, Uric Acid - WNL, Uric Acid - Abn, Other				Per Visit	
Lab tests hematology collected at this visit	Missing/unknown data, none, Fibrinogen - WNL, Fibrinogen - Abn, Hct-WNL, Hct-Abn, Hgb-WNL, Hgb-Abn, INR-PTT - WNL, INR-PTT - Abn, Peripheral blood smear - WNL, Peripheral blood smear - Abn, Plat-WNL, Plt-Abn, RBC-WNL, RBC-Abn, WBC-WNL, WBC-Abn, Other				Per Visit	
Lab tests liver function collected at this visit	Missing/unknown data, none, Albumin-WNL, Albumin-Abn, AlkPhos-WNL, AlkPhos-Abn, ALT-WNL, ALT-Abn, AST-WNL, AST-Abn, direct bili-WNL, direct bili-Abn, GGT - WNL, GGT - Abn, Globulin - WNL, Globulin - Abn, prealbumin-WNL, prealbumin-Abn, total bili-WNL, total bili-Abn, Total Protein - WNL, Total Protein - Abn, Other				Per Visit	
Lab tests renal function collected at this visit	Missing/unknown data, none, BUN-WNL, BUN-Abn, Cr-WNL, Cr-Abn, 24-hour creatinine clearance-WNL, 24-hour creatinine clearance-Abn, Nuclear Medicine GFR-WNL, Nuclear Medicine GFR-Abn, Other				Per Visit	
Lab tests miscellaneous collected at this visit	Missing/unknown data, none, BNP-WNL, BNP-Abn, CK-WNL, CK-Abn, CRP-WNL, CRP-Abn, ESR-WNL, ESR-Abn, ferritin-WNL, ferritin-Abn, transferrin-WNL, transferrin-Abn, TSH-WNL, TSH-Abn, T4 (free)-WNL, T4 (free)-Abn, T4(total)-WNL, T4(total)-Abn, UA-WNL, UA-Abn, Zinc-WNL, Zinc-Abn, Other (go to next question and explain)				Per Visit	
Lab tests other general (indicate type and if WNL or Abn) collected at this visit, enter N/A if not applicable					Per Visit	
BioChemical testing specific to this IBEM collected at this visit?	Missing/unknown data, not done, plasma amino acids-WNL, plasma amino acids-Abn, urine amino acids – WNL, urine amino acids -				Per Visit	

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<b>Laboratory Studies</b>	<b>Today's Action</b>	<b>Last Value</b>	<b>Date Last</b>	<b>Pt. Goal</b>	<b>Int. Days</b>	<b>Due Date</b>
	Abn, urine homocysteine-Abn high urine homocysteine – WNL, urine organic acids-WNL, urine organic acids-Abn, Other (go to next question and explain)					
Other biochemical testing specific to this IBEM (indicate type and if WNL or Abn) collected at this visit, enter N/A if not applicable					Per Visit	
Plasma methionine level at this visit (enter 99999 if missing/unknown)	(umol/L)				Per Visit	
<b>Imaging Studies</b>	<b>Today's Action</b>	<b>Last Value</b>	<b>Date Last</b>	<b>Pt. Goal</b>	<b>Int. Days</b>	<b>Due Date</b>
Abdominal imaging done since last outpatient metabolic visit?	Missing/unknown data, no, yes-abdominal CT-WNL, yes-abdominal CT-Abn, yes-abdominal MRI-WNL, yes-abdominal MRI-Abn, yes-abdominal ultrasound-WNL, yes-abdominal ultrasound-Abn, Yes-Abdominal x-ray-WNL, Yes-Abdominal x-ray-abn				Per Visit	
Cardiac imaging done since last outpatient metabolic visit?	Missing/unknown data, no, yes-chest x-ray-WNL, yes-chest x-ray-Abn, yes-echocardiogram-WNL, yes-echocardiogram-Abn, yes-EKG-WNL, yes-EKG-Abn, yes-stress test-WNL, yes-stress test-Abn				Per Visit	
Musculoskeletal imaging done since last outpatient metabolic visit?	Missing/unknown data, No, Yes-bone x-rays-WNL, Yes-bone x-rays-Abn, Yes-EMG-WNL, Yes-EMG-Abn				Per Visit	
Dexa scan since last outpatient metabolic visit (z-score >-2), specify site	Missing/unknown data, N/A, hip, heel, pelvis, spine, total body, wrist, other				Per Visit	
If abnormal dexa scan since last outpatient metabolic visit (z-score = -3 to -2), specify site	Missing/unknown data, N/A, hip, heel, pelvis, spine, total body, wrist, other				Per Visit	
If abnormal dexa scan since last outpatient metabolic visit (z-score <= -4), specify site	Missing/unknown data, N/A, hip, heel, pelvis, spine, total body, wrist, other				Per Visit	
Neurological imaging done since last outpatient metabolic visit?	Missing/unknown data, no, yes-cranial ultrasound-WNL, yes-cranial ultrasound-Abn, yes-EEG-WNL, yes-EEG-Abn, yes-head CT-WNL, yes-head CT-Abn, yes-head MRI-WNL, yes-head MRI-Abn				Per Visit	
Is there evidence of abnormal myelination on CNS imaging since last outpatient visit?	Missing/unknown data, no, yes, N/A - imaging not done				Per Visit	
Is there evidence of vascular event on CNS imaging since last outpatient visit?	Missing/unknown data, no, yes, N/A - imaging not done				Per Visit	
Renal/pelvic/genital imaging done since last outpatient metabolic visit?	Missing/unknown data, no, yes-genitogram-WNL, yes-genitogram-Abn, yes-nuclear medicine DMSA renogram-WNL, yes-nuclear medicine DMSA renogram-Abn, yes-pelvic ultrasound-WNL, yes-pelvic ultrasound-Abn, yes-renal ultrasound-WNL, yes-renal ultrasound-Abn, yes-testicular ultrasound-WNL, yes-testicular ultrasound-Abn, yes-VCUG-WNL, yes-VCUG-Abn				Per Visit	
Other imaging (indicate type of imaging and if WNL or Abn) done since last outpatient metabolic visit?, enter N/A if not applicable					Per Visit	
<b>Pharmacotherapy</b>	<b>Today's Action</b>	<b>Last Value</b>	<b>Date Last</b>	<b>Pt. Goal</b>	<b>Int. Days</b>	<b>Due Date</b>
Is L-carnitine prescribed?	Missing/unknown data, yes, no				Per Visit	
If on L-carnitine, dose prescribed (enter 99999 if N/A)?	(mg/kg/day)				Per Visit	
If on L-carnitine, route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, oral, IV				Per Visit	
If on L-carnitine, frequency prescribed?	Missing/unknown data, N/A – not prescribed.				Per Visit	

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	once/day, twice/day, three times/day, four times/day, only when ill, other		
Patient/primary caregiver reports L-carnitine is taken as prescribed?	Missing/unknown data, N/A – not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, no (0 days/week)		Per Visit
If L-carnitine is not taken as prescribed, reason given (enter N/A if not applicable)?			Per Visit
Method of payment for L-carnitine, if prescribed	Missing/unknown data, N/A - Not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other		Per Visit
Is Riboflavin prescribed?	Missing/unknown data, yes, no		Per Visit
If on Riboflavin, dose prescribed (enter 99999 if N/A)?	(mg/day)		Per Visit
If on Riboflavin, route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, oral, IV		Per Visit
If on Riboflavin, frequency prescribed?	Missing/unknown data, N/A – not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other		Per Visit
Patient/primary caregiver reports Riboflavin is taken as prescribed?	Missing/unknown data, N/A – not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, no (0 days/week)		Per Visit
If Riboflavin is not taken as prescribed, reason given (enter N/A if not applicable)?			Per Visit
Method(s) of payment for Riboflavin, if prescribed	Missing/unknown data, N/A - not prescribed, Commercial/private insurance, Military insurance, None - can't afford to fill medication prescription, Self-pay, State program (newborn screening funds/special needs program/MCH block grant), State/Federal insurance (Medicaid/Medicare), Other		Per Visit
Is hydroxocobalamin (B12) prescribed?	Missing/unknown data, yes, no		Per Visit
If on hydroxocobalamin (B12), dose prescribed(enter 99999 if N/A)?	(mg/kg/day)		Per Visit
If on hydroxocobalamin (B12), route prescribed?	Missing/unknown data, N/A - not prescribed, FeedingTube, SQ, IM		Per Visit
If on hydroxocobalamin (B12), frequency prescribed?	Missing/unknown data, N/A - not prescribed, Once/day, Twice/day, Three times/day, Four times/day, only when ill, Other		Per Visit
Patient/primary caregiver reports hydroxocobalamin (B12) is taken as prescribed?	Missing/unknown data, N/A - not prescribed, Yes - 4-7 days/week, Yes - 1-3 days/week, No (0 days/week)		Per Visit
If hydroxocobalamin (B12) is not taken as prescribed, reason given(enter N/A if not applicable)?			Per Visit
Method of payment for hydroxocobalamin (B12), if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other		Per Visit
Is cystadane prescribed?	Missing/unknown data, yes, no		Per Visit
If on cystadane, dose prescribed(enter 99999 if N/A)?	(mg/kg/day)		Per Visit
If on cystadane, route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, oral		Per Visit
If on cystadane, frequency prescribed?	Missing/unknown data, N/A - not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other		Per Visit
Patient/primary caregiver reports cystadane is taken as prescribed?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1-3 days/week, no (0 days/week)		Per Visit
If cystadane is not taken as prescribed			Per Visit

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If cystadane is not taken as prescribed, reason given(enter N/A if not applicable)

Method of payment for cystadane, if prescribed	Missing/unknown data, N/A - Not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit
Is folic acid prescribed?	Missing/unknown data, N/A, yes, no				Per Visit
If on folic acid, dose prescribed(enter 99999 if N/A)?	(mg/kg/day)				Per Visit
If on folic acid, route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, oral				Per Visit
If on folic acid, frequency prescribed?	Missing/unknown data, N/A - not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other				Per Visit
Patient/primary caregiver reports folic acid are taken as prescribed?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1-3 days/week, no (0 days/week)				Per Visit
If folic acid is not taken as prescribed, reason given(enter N/A if not applicable)?					Per Visit
Method of payment for folic acid, if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit
Is aspirin prescribed?	Missing/unknown data, yes, no				Per Visit
If on aspirin, dose prescribed(enter 99999 if N/A)?	(mg/day)				Per Visit
If on aspirin, route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, ora				Per Visit
If on aspirin, frequency prescribed?	Missing/unknown data, N/A - not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other				Per Visit
Patient/primary caregiver reports aspirin is taken as prescribed?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, no (0 days/week)				Per Visit
If aspirin is not taken as prescribed, reason given (enter N/A if applicable)					Per Visit
Method of payment for aspirin, if prescribed	Missing/unknown data, N/A - Not prescribed commercial/private insurance, milit insurance, none - can't afford to fill medicatio prescription, self-pay, State program (newbo screening funds, special needs program, MC block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit
Is folinic acid prescribed?	Missing/unknown data, yes, no				Per Visit
If on folinic acid, dose prescribed(enter 99999 if N/A)?	(mcg/day)				Per Visit
If on folinic acid, route prescribed?	Missing/unknown data, N/A - not prescribed feeding tube, oral				Per Visit
If on folinic acid, frequency prescribed	Missing/unknown data, N/A - not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other				Per Visit
Patient/primary caregiver reports Folinic acid is taken as prescribed?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1-3 days/week, no (0 days/week)				Per Visit
If folinic acid. is not taken as					Per Visit

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prescribed, reason given(enter N/A if not applicable)?

Method of payment for folinic acid if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MC block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit
Is pyridoxine (B6) prescribed?	Missing/unknown data, N/A, yes, no				Per Visit
If on pyridoxine (B6), dose prescribed (enter 99999 if N/A)?	(mg/day)				Per Visit
If on pyridoxine (B6), route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, oral, IM, IV				Per Visit
If on pyridoxine (B6), frequency prescribed?	Missing/unknown data, N/A - not prescribed, once/day, twice times/day, four times/day, only when ill, other				Per Visit
Patient/primary caregiver reports pyridoxine (B6) is taken as prescribed?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1-3 days/week, no (0 days/week)				Per Visit
If pyridoxine (B6) is not taken as prescribed, reason given(enter N/A if not applicable)					Per Visit
Method of payment for pyridoxine (B6), if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MC block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit
Is L-cystine (separately from metabolic) prescribed?	Missing/unknown data, yes, no formula				Per Visit
If on L-cystine, dose prescribed(enter 99999 if N/A)?	(mg/kg/day)				Per Visit
If on L-cystine, route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, oral				Per Visit
Patient/primary caregiver reports L-cystine is taken as prescribed?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1-3 days/week, no (0 days/week)				Per Visit
If L-cystine is not taken as prescribed, reason given(enter N/A if not applicable)					Per Visit
Method of payment for L-cystine, if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MC block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit
Is L-5-methyltetrahydrofolate prescribed?	Missing/unknown data, N/A, yes, no				Per Visit
If on L-5-methyltetrahydrofolate, dose prescribed enter 99999 if N/A)?	(mg/kg/day)				Per Visit

Visit Planner

Date of Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Provider:</b>	<b>Patient:</b> Adda Patient	<b>Gender:</b> Female	<b>Phone:</b>			
<b>Visit Provider:</b>	<b>MRN:</b>	<b>DOB:</b> 10/13/2011 (0)				
PharmacoTherapy	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
If on L-5-methyltetrahydrofolate, route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, oral				Per Visit	
Patient/primary caregiver reports L-5-methyltetrahydrofolate is taken as prescribed?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1-3 days/week, no (0 days/week)				Per Visit	
Method of payment for L-5-methyltetrahydrofolate, If prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit	
If L-5-methyltetrahydrofolate is not taken as prescribed, (enter N/A if not applicable)					Per Visit	
Is methionine (separately from metabolic formula) prescribed?	Missing/unknown data, yes, no				Per Visit	
If on methionine, dose prescribed(enter 99999 if N/A)?	(mg/kg/day)				Per Visit	
If on methionine, route prescribed?	Missing/unknown data, N/A - not prescribed, feeding tube, oral				Per Visit	
If on methionine, frequency prescribed?	Missing/unknown data, N/A - not prescribed, once/day, twice/day, three times/day, four times/day, only when ill, other				Per Visit	
Patient/primary caregiver reports methionine is taken as prescribed?	Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1-3 days/week, no (0 days/week)				Per Visit	
If methionine is not taken as prescribed, reason give applicable					Per Visit	
Method of payment for methionine, if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds, special needs program, MCH block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit	
Other medications (see optional DocSite detailed medication survey also)	Missing/unknown data, none, Ammonul, analgesics, antacids, antianxiety, antibiotics, anticoagulants/thrombolytics, anticonvulsants, antidepressants, antiemetics, antifungals, antivirals, antihistamines, antihypertensives, antiinflammatories, antipsychotics, antipyretics, aromatase inhibitor, biophosphonates, bronchodilators, contraceptives - oral, contraceptives - injections, corticosteroids, diuretics, estrogen, GnRH analog, growth hormone, immunosuppressives, insulin, insulin sensitizers, iron, laxatives, manitol, progesterone, sleeping medications, testosterone, vitamins, other				Per Visit	
Nutrition	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
What type(s) of milk/formula is patient taking?	Missing/unknown data, None, Baby formula (regular), Baby formula (soy), Breastmilk, Rice milk, Skim milk, 1% milk, 2% milk, Soy milk,				Per Visit	

Visit Planner

Date of Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Provider:</b>	<b>Patient:</b> Adda Patient	<b>Gender:</b> Female	<b>Phone:</b>			
<b>Visit Provider:</b>	<b>MRN:</b>	<b>DOB:</b> 10/13/2011 (0)				
Nutrition	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
	Special metabolic formula, Toddler formula (regular), Toddler formula (soy), Whole milk, Other					
Is patient prescribed a protein restricted diet?	Missing/unknown data, yes, no				Per Visit	
If patient is prescribed a protein restricted diet, prescribed protein grams/day from foods - not including metabolic formula (enter 99999 if N/A)	(grams/day)				Per Visit	
If protein restricted diet (from foods, not including metabolic formula) is prescribed and followed 0 or 1-3 days/week, reason given (enter N/A if not applicable)					Per Visit	
Is patient prescribed low protein foods?	Missing/unknown data, yes, no				Per Visit	
Method of payment for low protein foods, if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill medication prescription, self-pay, State program (newborn screening funds/special needs program/MCH block grant), State/Federal insurance (Medicaid/Medicare), Other				Per Visit	
If prescribed metabolic formula, amount of protein prescribed from metabolic formula per day (enter 99999 if N/A):	(grams/day)				Per Visit	
If on special metabolic formula, name(s) of formula(s), enter N/A if not applicable					Per Visit	
Patient/primary caregiver reports metabolic formula is taken as prescribed?	Missing/unknown data, N/A-not prescribed, yes - 4-7 days/week, yes - 1-3 days/week, no (0 days/week)				Per Visit	
If metabolic formula is prescribed and not taken as prescribed, reason given? (enter N/A if not applicable)					Per Visit	
Method of payment for metabolic formula, if prescribed	Missing/unknown data, N/A - not prescribed, commercial/private insurance, military insurance, none - can't afford to fill prescription, self-pay, State program (newborn screening funds/special needs program/MCH block grant), State/Federal insurance (Medicaid/Medicare), WIC, Other				Per Visit	
If patient is methionine restricted, enter target methionine intake	(mg/kg/day)				Per Visit	
Patient uses feeding device (NG tube, G tube, GJ tube)?	Missing/unknown data, yes, no				Per Visit	
If other nutritional supplementation is taken (explain), enter N/A if not applicable.					Per Visit	
Additional nutritional comments? (enter N/A if not applicable)					Per Visit	
Other	Today's Action	Last Value	Date Last	Pt. Goal	Int. Days	Due Date
Other Comments					Per Visit	

Last Visit Comment:

Visit Comment: