

Visit Planner

Date of Visit: ____ / ____ / ____

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

| 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 | |
| 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 | |
| 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 | |

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| Past Health History | Today's Action | Last Value | Date Last | Pt. Goal | Int. Days | Due Date |
| Complications associated with surgical procedure(s) done since the last outpatient metabolic visit? If not applicable enter N/A | | | | | Per Visit | |
| Is there evidence of hypotonia on physical exam done today? | Missing/unknown data, 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 admissions 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 | |
| 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, 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 | | | | Per Visit | |
| 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 | |

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| Care Coordination | Today's Action | Last Value | Date Last | Pt. Goal | Int. Days | Due Date |
| 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 | |
| Are Special Educational services received by this patient currently? | Missing/unknown data, yes - IEP/IFSP, yes - 504 plan, yes - other, no | | | | Per Visit | |
| Special Educational services are received currently: age (in years) child qualified for services? | Missing/unknown data, N/A - no Special Ed 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+ | | | | Per Visit | |
| 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 | |
| Home Monitoring | Today's Action | Last Value | Date Last | Pt. Goal | Int. Days | Due Date |
| Patient does home monitoring.? | Missing/unknown data, NO, Yes-uses glucometer to check glucose, Yes - has glucometer but doesn't use it, yes - uses urine dipstick for myoglobin/blood | | | | Per Visit | |
| Frequency of home monitoring (blood glucose) | Missing/unknown data, N/A, only when symptomatic, routinely | | | | Per Visit | |
| Patient has a prescribed glucometer for this IBEM for home glucose monitoring? | Missing/unknown data, yes, no | | | | Per Visit | |
| Number of home monitoring glucose samples reported since last outpatient | | | | | Per Visit | |

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| Home Monitoring | Today's Action | Last Value | Date Last | Pt. Goal | Int. Days | Due Date |
| metabolic visit (enter 99999 if N/A) | | | | | | |
| Number of home monitoring urine myoglobin/blood samples reported since last outpatient metabolic visit (if N/A enter 99999) | | | | | Per Visit | |
| Lowest reported glucose on home monitoring samples since last outpatient metabolic visit (if N/A enter 99999) | (mg/dL) | | | | Per Visit | |
| Urine myoglobin/blood detected on home monitoring since last outpatient metabolic visit? | Missing/unknown data, N/A, yes, no | | | | Per Visit | |
| Frequency of home urine dipstick (myoglobin/blood) monitoring? | Missing/unknown data, urine dipsticks not done, only when symptomatic, routinely | | | | Per Visit | |
| Laboratory Studies | Today's Action | Last Value | Date Last | Pt. Goal | Int. Days | Due Date |
| 3-ketoacyl-CoA thiolase enzyme assay from fibroblasts done at this visit | Missing/unknown data, no, yes - abnormal, y - normal, yes - non-diagnostic | | | | Per Visit | |
| 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 | |
| Documented hypoglycemia (blood glucose <60 mg/dL) since the last outpatient metabolic visit? | Missing/unknown data, glucose not measured, yes (answer next question), no | | | | Per Visit | |
| Lowest blood glucose value since last outpatient metabolic visit (enter 99999 if not measured) | (mg/dL) | | | | 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 | Missing/unknown data, none, BNP-WNL | | | | Per Visit | |

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| Laboratory Studies | Today's Action | Last Value | Date Last | Pt. Goal | Int. Days | Due Date |
| Lab tests miscellaneous collected at this visit | Missing/unknown data, not done, 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) | | | | | |
| 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, Ammonia-WNL, Ammonia-Abn, Bloodspot acylcarnitines-WNL, bloodspot acylcarnitines-Abn, B-type Natriuretic Peptide (BNP)-WNL, B-type Natriuretic Peptide (BNP)-Abn, CK-WNL, CK-Abn, plasma 3-OH fatty acids-WNL, plasma 3-OH fatty acids-Abn, plasma acylcarnitines-WNL, plasma acylcarnitines-Abn, plasma carnitine levels-WNL, plasma carnitine levels-Abn Low, plasma essential fatty acids -WNL, plasma essential fatty acids -Abn, triglycerides-WNL, triglycerides-Abn, urine myoglobin-WNL, urine myoglobin-Abn, urine organic acids-WNL, urine organic acids-Abn, Other (go to next question and explain) | | | | Per Visit | |
| 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 | |
| Highest CK since last outpatient metabolic visit (if N/A enter 99999) | | | | | Per Visit | |
| If hyperammonemic since last outpatient metabolic visit, highest value (if N/A enter 99999) | | | | | Per Visit | |
| Other general lab tests (indicate type and if WNL or Abn) collected at this visit (enter 99999 if not applicable or 88888 if unknown) | | | | | Per Visit | |
| Documented hyperammonemia since last outpatient metabolic visit? | Missing/unknown data, ammonia not measured, yes (answer next question), no | | | | Per Visit | |
| Imaging Studies | Today's Action | Last Value | Date Last | Pt. Goal | Int. Days | Due Date |
| 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 | |
| Liver findings on abdominal imaging done since last outpatient metabolic visit? | Missing/unknown data, N/A – imaging not done, hepatomegaly, diffuse fatty infiltration | | | | 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 | |
| Has cardiomyopathy worsened/progressed since the last outpatient metabolic appointment? | Missing/unknown data, N/A – no history of cardiomyopathy, no interval imaging done, yes, no | | | | Per Visit | |
| List current treatment(s) of cardiomyopathy (enter N/A if not applicable, unknown if missing/unknown data) | | | | | Per Visit | |
| Musculoskeletal imaging done since last outpatient metabolic visit? | Missing/unknown data, No, Yes-bone x-rays-WNL, Yes-bone x-rays-Abn, | | | | Per Visit | |

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| Imaging Studies | Today's Action | Last Value | Date Last | Pt. Goal | Int. Days | Due Date |
|---|--|------------|-----------|----------|-----------|----------|
| | Yes-EMG-WNL, Yes-EMG-Abn | | | | | |
| 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 | |
| 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 | |

| Pharmacotherapy | Today's Action | Last Value | Date Last | Pt. Goal | Int. Days | Due Date |
|--|---|------------|-----------|----------|-----------|----------|
| Have glucose paste/gel/tablets been prescribed to this patient for this IBEM? | Missing/unknown data, yes, no | | | | Per Visit | |
| If glucose paste/gel/tablets are prescribed for this IBEM, number of times patient has used them since the last outpatient metabolic visit | N/A - not prescribed, 0,1,2,3,4,5,6,7,8,9,10, >10, Missing/unknown data | | | | Per Visit | |
| 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, once/day, twice/day, three times/day, four times/day, only when ill, other | | | | Per Visit | |
| 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(s) 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 | |
| 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, Special metabolic formula, Toddler formula (regular), Toddler formula (soy), Whole milk, Other | | | | Per Visit | |
| Is cornstarch prescribed? | Missing/unknown data, yes, no | | | | Per Visit | |
| If on cornstarch, dose prescribed(enter | (grams/kg/dose) | | | | Per Visit | |

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| If on cornstarch, route prescribed? | Missing/unknown data, N/A - not prescribed, feeding tube, oral | | Per Visit |
| If on cornstarch, 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 cornstarch is taken as prescribed? | Missing/unknown data, N/A - not prescribed, yes - 4-7 days/week, yes - 1 to 3 days/week, yes - only when ill, no (0 days/week) | | Per Visit |
| If cornstarch is not taken as prescribed, reason given(enter N/A if not applicable)? | | | Per Visit |
| If patient is prescribed a fat restricted diet, prescribed % of total kcal/24 hours from fat (enter 99 if N/A) | (% of total kcal/24 hours as fat) | | Per Visit |
| If patient is prescribed a fat restricted diet, prescribed fat grams/day from FOODS per day(enter 99999 if N/A) | (grams/day) | | Per Visit |
| If patient is prescribed a fat restricted diet, patient/primary caregiver reports adherence? | 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 fat restricted diet is prescribed and followed 0 or 1-3 days/week, reason given for poor adherence (enter N/A if not applicable) | | | Per Visit |
| Specific information given to avoid fasting? | Missing/unknown information, yes, no | | Per Visit |
| Longest interval permitted between feedings in well state during DAY (in hours) | Missing/unknown information, no fasting restriction given, 1,2,3,4,5,6,7,8,9,10,11,12 | | Per Visit |
| Longest interval permitted between feedings in well state during NIGHT (in hours) | Missing/unknown information, no fasting restriction given, 1,2,3,4,5,6,7,8,9,10,11,12 | | Per Visit |
| Are essential fatty acids prescribed (i.e. safflower, walnut, canola)? | Missing/unknown data, yes, no | | Per Visit |
| If prescribed essential fatty acids, dose prescribed? (enter 99999 if N/A) | (% of kcal/24 hours) | | Per Visit |
| If prescribed essential fatty acids, frequency prescribed? | Missing/unknown data, N/A-essential fatty acids not prescribed, once/day, twice/day, three times/day, four times/day, other | | Per Visit |
| If prescribed essential fatty acids, route prescribed? | Missing/unknown data, feeding tube, oral, N/A - essential fatty acids not prescribed | | Per Visit |
| Patient/primary caregiver reports essential fatty acids 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 essential fatty acids are not taken as prescribed, reason given? | | | Per Visit |
| Method of payment for essential fatty acids, if prescribed | Missing/unknown data, 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), Other, N/A - essential fatty acids not prescribed | | Per Visit |
| If on special metabolic formula, name(s) of formula(s), enter N/A if not applicable | | | Per Visit |
| If prescribed metabolic formula - prescribed fat grams from FORMULA per day (enter 99999 if N/A) | (grams/day) | | 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 | | Per Visit |

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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

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|---|-------------------------------|-------------------|------------------|-----------------|------------------|-----------------|
| 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: