FOLLOW-UP FORM FOR PHENYLKETONURIA (PKU)

I. Diagnosis

[ ] Classical PKU **(0302)**
[ ] Persistent hyperphenylalaninemia **(0303 on RX)(0304 no RX)**
[ ] Normal(1305)
[ ] Biopterin defect_____**(0309)**
[ ] Abnormalities of tyrosine metabolism_____**(0309)**
[ ] Other _____**(0309)**
Affected siblings - Name(s):_____
_____
Serum phenylalanine level _____urine biopterin level_____

II. Treatment (0-1 year)

Date First Seen: _____
Formula Type (Specify): _____
Date RX Began: _____

Primary care physician: _____
Address: _____
Phone: _____
Signature: _____
Date: _____
Title: _____

RETURN TO SPECIAL CHILD HEALTH SERVICES IN SELF ADDRESSED ENVELOPE. THANK YOU FOR YOUR ASSISTANCE.

LEPFU2