

CONGENITAL ADRENAL HYPERPLASIA (21-OH DEFICIENCY) FOLLOW-UP FORM

Gestational Age _____ Birth weight _____

I. Diagnosis: (check one)

- Classical 21-OH deficiency- salt wasting form (code 0502)
 () ambiguous genitalia
- Classical 21-OH deficiency- simple virilizing form (code 0503)
- Non-classical 21-OH deficiency, also classified as "late onset" (code 0505)
- Other than 21-OH deficiency(specify) _____ (code 0504)
- Cleared- No evidence of 21-OH deficiency (code 1505)

II. Confirmatory tests:

Date _____ Results attached

Results _____

III. Treatment:

Date of first contact _____ Endocrinologist Primary physician

Crisis acute; visit before IEM result reported

Date on Treatment _____ Medication(s)and dose(s) _____

Physician's Signature _____ **Date** _____

Printed Name _____

Your signature below results in a BIRTH DEFECTS PROGRAM REGISTRATION

Physician signature _____