

IV. Current PKU Treatment:

Phenylalanine prescription:
Medical food prescription:
Medications:
Comments:

V. Support System/Level of Independence:

Where living?
Completed high school? IEP in place?
Working? What job? Hours/week:
Marital status:
Insurance coverage:

VI. Level of Independence:

Rank as 1=Independent, able to complete task; **2=Parent support** required for activity or task; **3=Dependent** on parents and others for activity or task

Task	Rating	Comments
Provides regular blood levels:	1 2 3	
Makes/keeps appointments:	1 2 3	
Understands basics of disorder:	1 2 3	
Understands basics of treatment:	1 2 3	
Success with self-management:	1 2 3	
Prepares meals:	1 2 3	
Monitors own medications:	1 2 3	
Does food shopping:	1 2 3	
Driver's license:	Yes/No	
Checking account:	1 2 3	

VII. General Assessment of Transition Readiness:

Completed Adolescent Autonomy Checklist?
Can describe plans for future?
Has met with Transition Team to develop Timeline?
Has met with Genetic Counselor to discuss adult PKU and reproductive issues?
Has met with Nutritionist to discuss adult PKU dietary management?

