

## Checklist for Families New to the PKU Clinic

### 1. Basic information

Name of child: _____	Birthdate: _____	Sex: _ M _ F
Name of mother: _____	Birthdate: _____	
Name of father: _____	Birthdate: _____	
Address: _____	City: _____	Zip: _____
Home telephone: _____		
Name of pediatrician: _____		
Address: _____		
Telephone: _____		

### 2. Diagnostic checklist

Birthweight: _____ grams or ___ lb. ___ oz.	Gestational age: _____ weeks
Birth order: _____	
Infant being fed: _ breast milk _ proprietary formula	

### Diagnostic studies

Date collected	Sample (Guthrie / Quantitative)	Age	Date reported	Phe (mg%)	Tyr (mg%)

### Bioppterin studies:

Date blood and urine collected for bioppterin: _____
Date results received: _____

### Treatment:

Date phenylalanine-free formula introduced: _____
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## Initial Teaching Guidelines

Date **materials** provided to family: \_\_\_\_\_

- \_ Family Care Notebook
- \_ New Parents' Guide to PKU
- \_ PKU Management Guidelines
- \_ Living with PKU
- \_ National PKU News sample copy and order form

**Teaching topics** at first visits:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### **1. PKU**

- \_ Genetics
- \_ Metabolic pathways

### **2. Prognosis for children with PKU**

- \_ Preventing mental retardation
- \_ Normal growth and development with early and consistent treatment

**I f e t i m e t r e a t m e n t**

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**I f e t i m e t r e a t m e n t**

Family home visit offered?

Home visit accepted?