Adult PKU Program



University of Washington, Box 357920 Seattle, WA 98195

Dear	lines: ween 1 to 10 mg/dl. bratories at Children's Hospital (CHRMC) or the string. U Program at least once a year.
It is our understanding that you have made a decision are concerned that you have made this decision becaus managed during childhood and adolescence, any adult consistently above 10 mg/dl increase their risk of experent end of the	e, regardless of how well your metabolic disorder was with PKU whose blood phenylalanine levels run
Females of childbearing years For women with PKU who become pregnant with block there are additional consequences to your unborn child • There is increased risk of spontaneous abortion. • There would be a high risk of organ abnormalities (problems with the heart and lungs). It is not known how long it will take an individual withan 10 mg/dl to experience some, or all, of these difficulty off treatment will experience some, or all, of these meadult, it is your decision whether or not to manage you treatment. By signing your name at the bottom of this page you consequences of terminating treatment and that you washington's Adult PKU Program.	d. •There is a high risk of microcephaly (small brain) which could cause mental retardation in your child. th PKU who has blood phenylalanine levels greater culties. It has been documented that each individual dical, intellectual, and emotional problems. As an air PKU by conforming to the recommended you signify that you understand the possible
Name	Date

If you as an adult with PKU choose to return to recommended treatment, many of the emotional, medical, and intellectual difficulties can be greatly decreased if blood phenylalanine levels drop to less that 10 mg/dl. The resources of the Adult PKU Program are available to you should you decide to resume recommended treatment. Call the Social Worker for the Adult PKU Program at (206) 543-2499.

Date

Signature of Health Care Professional



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Patient Agreement

Please read the following information carefully. If you have any questions regarding the program or its services, please contact the PKU Program Social Worker at (206) 543-2499.

Program benefits are available to all adults with phenylketonuria (PKU) in the State of Washington. The Adult PKU Program's annual recommended treatment includes:

- 1. Nutrition: nutrition assessments, nutrition counseling as needed and provision of education materials
- 2. **Medical:** yearly neurological exam, mandatory visit for **annual prescription** for formula and coordination of general health care with primary care physician
- 3. **Social work:** help with financial support for formula and clinic visits, coordinating clinic appointments and interfacing with appropriate community agencies
- 4. **Psychometric testing:** evaluation of cognitive functioning
- 5. Reporting blood phenylalanine levels to you
- 6. 1-2 meetings per year for adults with PKU (social, support group, research updates)

I, _____ request Adult PKU Program services from the Lipid and Nutrition Clinic at the University of Washington. I understand that if any of the following occur, I will lose my eligibility for services through the University of Washington Adult PKU Program including some benefits funded by the State of Washington.

- 1. If I move away from the State of Washington.
- 2. If I fail to make an annual clinic visit or follow-up appointments as requested by the Adult PKU program.
- 3. If I fail to do blood phenylalanine levels as requested by the Adult PKU Program.

Note: Blood levels should be done once per month. Recent blood levels are needed before formula can be shipped to you.

4. If I fail to take personal responsibility for the cost of my PKU formula by failing to secure insurance coverage for formula and clinic visits through: a) my work or b) my parentsÕ policy or c) have failed to apply for medical coupons or d) the Washington Basic Health Plan.

We ask that you notify us when you change addresses and/or telephone numbers. For billing purposes, we must know about changes in insurance coverage.

I understand that if I choose not to participate in the Adult PKU Program, I will be responsible for finding another qualified health care provider to assist me with the management of my PKU.

By signing this partnership agreement, I agree to comply with the conditions of the Patient Agreement.

Signature of Client	Date
Signature of Health Care Professional	Date

Original to medical record Copy to client Rev 10/98