

REVISIONS NEEDED 03/09/09, 07/14/09

CMD Children's Metabolic Disorders Parent
Visit Planner

Date of Visit: ____ / ____ / ____

Print Date: 9/13/2008

Page 1 5
of

Provider: **Patient:** Galactosemia (GALT) interval **Gender:** **Phone:**
Visit Provider: **MRN:** **DOB:**
Conditions: Galactosemia (GALT) interval **Preferred Language:**
Comorbidities: **First Measure Date:**
Allergies:
Medications:

Developmental screening occurred at this visit?

This question is missing (should be first question under "DEVELOPMENTAL ASSESSMENT" category) **NOT COMPLETED 7/14/09**

If developmental milestones were not achieved, was patient referred for further developmental evaluation?

This question is missing (should be right after the question "if developmental milestone(s) not achieved, which ones were not achieved?") **NOT COMPLETED 07/14/09**

Special Educational services are received currently: age (in years) child qualified for services?

This question is missing (should be right after the question "Are special educational services received by this patient currently?") **NOT COMPLETED 07/14/09**

Lab tests hematology collected at this visit

Move this (should be right after "Lab tests chemistry collected at this visit") **COMPLETED 07/14/09**

Biochemical testing specific to this IBEM collected at this visit,

Remove the comma at end of question, add in alphabetical order answer options of Bone specific alkaline phosphatase-WNL, Bone specific alkaline phosphatase-Abn, Osteocalcin-WNL, Osteocalcin-Abn, **NOT COMPLETED 07/14/09**

Explain all abnormal results checked above

Move this (should be right after "Biochemical testing specific to this IBEM collected at this visit") **COMPLETED 07/14/09**

Other biochemical testing specific to this IBEM (indicate type and if WNL or Abn) collected at this visit, enter N/A if not applicable

Move this (should be right after "Explain all abnormal results checked above") **COMPLETED 07/14/09**

Galactose-1-phosphate uridylyltransferase level (RBC) collected at this visit

Delete the word "uridylyltransferase", add (enter 99999 if unknown or N/A) **NOT COMPLETED 07/14/09**

Reference range for Galactose-1-phosphate uridylyltransferase level (RBC) collected at this visit

Delete the word "uridylyltransferase", add (enter 99999 if unknown or N/A) **NOT COMPLETED 07/14/09**

Galactose-1-phosphate uridylyltransferase level (RBC) collected at this visit

Delete the word "uridylyltransferase", add (enter 99999 if unknown or N/A) **NOT COMPLETED 07/14/09**

Reference range for Galactose-1-phosphate uridylyltransferase level (RBC) collected at this visit

Delete the word "uridylyltransferase", add (enter 99999 if unknown or N/A) **NOT COMPLETED 07/14/09**

Urine galactitol collected at this visit

Add (enter 99999 if unknown or N/A) **NOT COMPLETED 07/14/09**

Reference range for urine galactitol collected at this visit

Add (enter 99999 if unknown or N/A) **NOT COMPLETED 07/14/09**

If abnormal dexa scan since last outpatient metabolic visit (z-score = - 4), specify site

Should be z-score ≤ -4 **NOT COMPLETED 07/14/09**

Method of payment for calcium, if prescribed

Move this (should be right after "If calcium is not taken as prescribed, reason given (enter N/A if not applicable)?") **NOT COMPLETED 07/14/09**

Other medications (see optional DocSite detailed medication survey also)

Move this (should be last question in "PHARMACOTHERAPY" section after all of the calcium questions) **COMPLETED 07/14/09**

Is patient prescribed a galactose restricted diet?

Does patient restrict galactose intake from fruits and/or vegetables?

What type(s) of milk/formula is patient taking?

Move these to be the first 3 questions in the NUTRITION category, and in this order **NOT COMPLETED 07/14/09**