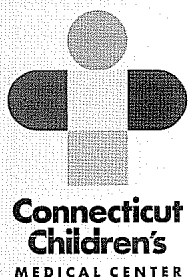


Transition **Passport** Complex Pituitary/Other Endocrine Disorders

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Complex Pituitary/Other Endocrine Disorders

GENERAL**Patient's contact information**

Name

Address

Primary phone

Cell phone

E-mail

Fax number**Patient's school/work**

School/employer

Address

Phone number**Patient's insurance**

Provider

Policy number**Demographic information and other**

Date of birth

Gender

Current age

Today's date

MEDICAL HISTORY, CLINICAL DIAGNOSES, AND TREATMENTS**Relevant medical history**

Endocrine/metabolic diagnoses	Date of dx	Treatment	Start date	End date

Potential endocrine/metabolic abnormalities requiring surveillance

Other diagnoses	Date of dx	Current treatment

Miscellaneous notes

RECENT LABORATORY TEST RESULTS

	Result	Date
TSH		
Free T4		
LH		
FSH		
Estradiol		
Prolactin		
Total testosterone		
17-OH progesterone		
Androstendione		
DHEA-S		
Total cholesterol		
HDL		
LDL		
Triglycerides		
IGF-I		
IGFBP-3		
GH stimulation testing:		
Arginine		
Insulin		

	Result	Date
Renin		
AST (SGOT)		
ALT (SGPT)		
OGTT		
Renal ultrasound		
Pelvic ultrasound		
DEXA (g/cm ² and Z score):		
Total body		
Neck of femur		
Spine		
Other		
Echocardiogram		
MRI		
Bone age/chronological age		

TARGETED RISK ASSESSMENT

Cardiovascular risk factors	Yes	No
Family history:		
Type 2 diabetes mellitus		
Hypertension		
Dyslipidemia		
Early-onset of MI or stroke		
Increased BMI or hip/waist ratio		
Hypertension		
Insulin resistance/prediabetes/diabetes		
Dyslipidemia		
Growth hormone deficiency		
Smoking		
Sedentary lifestyle		

Osteoporosis risk factors	Yes	No
Family history of osteoporosis		
Caucasian/Asian ethnicity		
Slight build		
Female gender		
Childhood-onset GH deficiency		
Transition GH deficiency		
Hypogonadism		
Steroid use		
Low bone mineral density		
Low calcium intake		
Smoking		
Sedentary lifestyle		

PSYCHOBEHAVIORAL RISK ASSESSMENT

Family history of mental health disorder	
Family history of alcohol/substance abuse	
Mental health issues	
Eating disorders	
Smoking, alcohol or drug use, sexual activity	
Driving history	
Overall quality of life	

LIFE GOALS

Educational goals	
Vocational goals	

TRANSITION OF CARE

	Transition care from:	To:
Primary care provider(s)		
Endocrinologist(s)		
Gynecologist/reproductive endocrinologist/urologist		
Other		
Other		

ADULT CARE RECOMMENDATIONS**Primary care provider**

Screen for osteoporosis and counsel on osteoporosis risk reduction

Screen for cardiovascular risk and counsel on cardiovascular risk reduction

Refer to other adult specialists as needed

*Coordinate overall care***Endocrinologist**

Medical visit to treat and monitor established endocrine/metabolic abnormalities every 3 to 6 months

Screen for additional late-onset pituitary hormone deficiencies every 1 to 2 years as indicated

For patients with growth hormone deficiency or other risk factors for osteoporosis, repeat DEXA in 2 years or as needed to assess near-peak bone mass and body composition

Screen for osteoporosis and counsel on osteoporosis risk reduction

Screen for cardiovascular risk and counsel on cardiovascular risk reduction**Gynecologist/reproductive endocrinologist (for women) or urologist (for men)**

Annual pelvic exam and pap smear as indicated (for women)

Estrogen/progestin therapy as needed (for women)

Discuss family planning as needed (for women)

Discuss options for assisted reproduction as needed**Other adult specialist (specify)**
