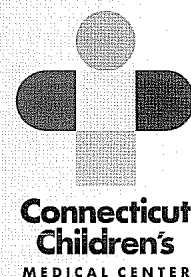


Transition **Passport** Turner Syndrome

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Turner Syndrome

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	Current age
Karyotype	Today's date

EFFECTS OF TURNER SYNDROME, OTHER DIAGNOSES, AND TREATMENTS

Effects of Turner syndrome	Treatment	Start date	End date

Other clinical diagnoses	Date of dx	Current treatment

RECENT LABORATORY TEST RESULTS

	Result	Date
TSH		
Free T4		
Antimicrosomal antibody		
Antithyroglobulin antibody		
IgA level		
tTG IgA antibody		
Total cholesterol		
HDL		
LDL		
Triglycerides		
AST (SGOT)		
ALT (SGPT)		
GGT		
Alkaline phosphatase		
LH		
FSH		
Estradiol		
Oral glucose tolerance test		

Basic metabolic panel			
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	Result	Date
Ambulatory BP monitoring		
Urinalysis		
Renal ultrasound		
Pelvic ultrasound		
DEXA (g/cm ² and Z score):		
Total body		
Body composition		
Neck of femur		
Spine		
Other		
Spine x-ray		
Audiology exam		
Echocardiogram		
Cardiac MRI/MRA		
Body mass index		
Waist circumference		

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		
Bicuspid aortic valve		
Coarctation of the aorta		
Aortic root dilation		

Osteoporosis risk factors**Yes No**

Family history of osteoporosis		
Caucasian/Asian ethnicity		
Slight build		
Steroid use		
Low bone mineral density		
Low calcium intake		
> 2 servings of alcohol per day		
Other (specify)		

Cardiovascular/osteoporosis risk factors

Sedentary lifestyle		
Smoking		
Other (specify)		

PSYCHOBEBHAVIORAL RISK ASSESSMENT

Family history of mental health disorder	
Family history of alcohol/substance abuse	
Neurocognitive impairment	
ADD or ADHD	
Social immaturity	
Eating disorders	
Depression	
Anxiety or obsessive-compulsive disorder	
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

Order the following lab tests annually or more frequently if indicated:

Hemoglobin/hematocrit

BUN/creatinine

AST/ALT/GGT/alkaline phosphatase

TSH

Free T4

Fasting lipids

Urinalysis

Other (specify)

Order the following tests per the recommended indications and schedule:

tTG IgA antibody – repeat every 2 years

Oral glucose tolerance test – as indicated in patients with risk factors

DEXA scan – as indicated in patients with risk factors

Audiology exam – repeat in 10 years if no hearing abnormalities are present at transition; otherwise, repeat every 3 to 5 years

Renal ultrasound – repeat within 2 years after transition

Echocardiogram – repeat within 3 to 5 years after transition if there is no coronary heart disease or aortic root dilation, then every 3 to 5 years thereafter. For patients with known cardiac abnormalities, continue cardiology care.

Other (specify)

Refer to other adult specialists as needed

Coordinate overall care

Medical endocrinologist/reproductive endocrinologist

Screen for osteoporosis and counsel on osteoporosis risk reduction

Screen for cardiovascular risk and counsel on cardiovascular risk reduction

If the patient has or develops a thyroid condition, monitor and treat

Gynecologist/reproductive endocrinologist

Annual pelvic exam and pap smear as indicated

Estrogen/progestin therapy

Discuss family planning

Discuss options for assisted reproduction

Other adult specialist (specify)
