

Centre: _____

E-mail: _____

Dietitian: _____

Patient Initials: _____

Age: _____ Gender: _____

TYR Phenotype:
Type 1 Type 2 Type 3

Baseline

Date: _____

Serum Tyr level: _____ μmol/L

Serum Phe level: _____ μmol/L

Diet Prescription: _____

Amino Acid Formula Prescription: _____

GI Symptoms with Amino Acid Formula: (choose all that apply)

Heartburn Reflux Vomiting Stomach Cramps
Gassiness/bloating Diarrhea Constipation None
Other, please specify:

Level of Satiety with Amino Acid Formula:

Rarely hungry Hungry prior to mealtime Frequently hungry

Reason for change to Tylactin: