

## Professional Questionnaire for FOD Referral Purposes

*All Medical/Health Professionals: Please complete this Questionnaire if you would like Families to know that you diagnose, clinically treat and/or do research with Fatty Oxidation Disorder Children and/or Adults. Please return via email (copy and paste) or regular mail.*

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Webpage: \_\_\_\_\_

Specialty: \_\_\_\_\_

I have access to lab facilities to test for/diagnose FODs: \_\_\_ Yes \_\_\_ No

I clinically treat (Y or N) \_\_\_ children and/or \_\_\_ adults with an FOD diagnosis

Specific FODs treated: \_\_\_\_\_

Other Metabolic Disorders treated: \_\_\_\_\_

I conduct research involving FODs: \_\_\_ Yes \_\_\_ No

Main research area: \_\_\_\_\_

\_\_\_\_\_

How should contact or Referrals be made? By the child's/adult's Dr \_\_\_ or can families actually call your main office and talk with you or staff personnel \_\_\_

*Thank you!*

*Deb Lee Gould, Director, FOD Family Support Group [www.fodsupport.org](http://www.fodsupport.org) [deb@fodsupport.org](mailto:deb@fodsupport.org)  
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