

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 fax 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!

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