FOLATE DEFICIENCY CHECKLIST

Provider Name: _____

Provider Phone #:_____

Patient Name: _____

Patient DOB: _____

Patient Phone #: _____

CHECKLIST OF CONTRIBUTORS TO FOLATE DEFICIENCY:

1. **FAMILY HISTORY THAT SUGGESTS MTHFR POLYMORPHISM** (AN INHERITED GENETIC MARKER FOR DEPRESSION)

   IF TWO (2) OR MORE BOXES ARE CHECKED, MTHFR IS SUSPECTED

   - ☐ **Mental Illness:** Depression, Anxiety, OCD, PTSD, ADHD
   - ☐ **Addiction or Addictive Behavior:** Drugs, Alcohol, Smoking, Eating, Gambling, Shopping etc.
   - ☐ **Diabetes**
   - ☐ **Miscarriages or Birth Defects**
   - ☐ **Cardiovascular Issues –** Any Heart Disease

2. **CONDITIONS**

☐ Malabsorption Syndromes	☐ Canker Sores
☐ Digestive Tract Disease	☐ History of Alcohol/Drug Abuse
☐ Pregnancy	☐ Smoking
☐ Kidney Disease	☐ Anemias
☐ Liver Disease	☐ Poor Nutrition
☐ Cancer	☐ Breast Feeding

3. **DRUGS**

☐ Lamictal	☐ Anticonvulsants
☐ Metformin	☐ Oral Contraceptives
☐ Methotrexate	☐ Cholesterol Lowering
☐ Corticosteroids	☐ Diuretics
☐ NSAIDs	☐ H2 Antagonists
☐ Antibiotics	☐ Statins

Rx: *Enbrace HR #30 1 Per Day AM*

(Preferred on 4 of 5 LA Medicaid Plans. No Prior Auth. Write "Enlyte #30 1 Per day AM" for UHC Plans)

Refills: _____

Prescriber Signature:_____

Date: _____