

# FOLATE DEFICIENCY CHECKLIST

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

Provider Phone #: \_\_\_\_\_

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

Patient DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

## CHECKLIST OF CONTRIBUTORS TO FOLATE DEFICIENCY:

### 1. GENETICS

- ☐ **Patient has MTHFR** (A minor genetic defect that prevents normal production of the enzyme Methylene tetrahydrofolate Reductase. This defect reduces methylfolate production, leading to low neurotransmitter production and an increased risk for psychiatric disorders)
- ☐ **Patient has COMT** (The COMT gene provides instructions for making an enzyme called catechol-O-methyltransferase. This enzyme facilitates the degradation of active dopamine in the synapse and is expressed in the pyramidal neurons of the prefrontal cortex and hippocampus)
- ☐ **Patient has APOE** (ApoE is a protein involved in clearing harmful plaques that form around nerve cells. These plaques are a hallmark of Alzheimer's disease. There are 3 possible types of ApoE protein called E2, E3, and E4. For the majority of people, the E2 ApoE variant confers a decreased risk of cardiovascular disease and promotes a more optimal cholesterol profile)

### 2. 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

### 3. CONDITIONS

- |  |  |
|--|--|
| <input type="checkbox"/> Malabsorption Syndromes | <input type="checkbox"/> Canker Sores                  |
| <input type="checkbox"/> Digestive Tract Disease | <input type="checkbox"/> History of Alcohol/Drug Abuse |
| <input type="checkbox"/> Pregnancy               | <input type="checkbox"/> Smoking                       |
| <input type="checkbox"/> Kidney Disease          | <input type="checkbox"/> Anemias                       |
| <input type="checkbox"/> Liver Disease           | <input type="checkbox"/> Poor Nutrition                |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Breast Feeding                |

### 4. DRUGS

- |  |   |
|--|---|
| <input type="checkbox"/> Lamictal        | <input type="checkbox"/> Anticonvulsants      |
| <input type="checkbox"/> Metformin       | <input type="checkbox"/> Oral Contraceptives  |
| <input type="checkbox"/> Methotrexate    | <input type="checkbox"/> Cholesterol Lowering |
| <input type="checkbox"/> Corticosteroids | <input type="checkbox"/> Diuretics            |
| <input type="checkbox"/> NSAIDs          | <input type="checkbox"/> H2 Antagonists       |
| <input type="checkbox"/> Antibiotics     | <input type="checkbox"/> 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: \_\_\_\_\_