

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 FAMILY HISTORY 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

- | | |
|--|--|
| <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 |

3. 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 |

To Prescribe Enlyte /Enbrace HR For a Folate Deficient Patient, Please Click Below: