Transition Passport
Complex Pituitary/Other Endocrine Disorders
# Complex Pituitary/Other Endocrine Disorders

## GENERAL

<table>
<thead>
<tr>
<th>Patient’s contact information</th>
<th>Patient’s school/work</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>School/employer</td>
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<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Primary phone</td>
<td>Phone number</td>
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<tr>
<td>Cell phone</td>
<td>Patient’s insurance</td>
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<tr>
<td>E-mail</td>
<td>Provider</td>
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<tr>
<td>Fax number</td>
<td>Policy number</td>
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## Demographic information and other

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Current age</th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Today’s date</td>
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</tbody>
</table>

## MEDICAL HISTORY, CLINICAL DIAGNOSES, AND TREATMENTS

### Relevant medical history

<table>
<thead>
<tr>
<th>Endocrine/metabolic diagnoses</th>
<th>Date of dx</th>
<th>Treatment</th>
<th>Start date</th>
<th>End date</th>
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<tbody>
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</table>

### Potential endocrine/metabolic abnormalities requiring surveillance

<table>
<thead>
<tr>
<th>Other diagnoses</th>
<th>Date of dx</th>
<th>Current treatment</th>
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### Miscellaneous notes

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</table>
### RECENT LABORATORY TEST RESULTS

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Date</th>
<th>Test</th>
<th>Result</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSH</td>
<td></td>
<td></td>
<td>Renin</td>
<td></td>
<td></td>
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<tr>
<td>Free T4</td>
<td></td>
<td></td>
<td>AST (SGOT)</td>
<td></td>
<td></td>
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<tr>
<td>LH</td>
<td></td>
<td></td>
<td>ALT (SGPT)</td>
<td></td>
<td></td>
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<tr>
<td>FSH</td>
<td></td>
<td></td>
<td>OGTT</td>
<td></td>
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<tr>
<td>Estradiol</td>
<td></td>
<td></td>
<td>Renal ultrasound</td>
<td></td>
<td></td>
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<tr>
<td>Prolactin</td>
<td></td>
<td></td>
<td>Pelvic ultrasound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total testosterone</td>
<td></td>
<td></td>
<td>DEXA (g/cm² and Z score):</td>
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<tr>
<td>17-OH progesterone</td>
<td></td>
<td></td>
<td>Total body</td>
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<tr>
<td>Androstendione</td>
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<td>Neck of femur</td>
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<tr>
<td>DHEA-S</td>
<td></td>
<td></td>
<td>Spine</td>
<td></td>
<td></td>
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<tr>
<td>Total cholesterol</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>HDL</td>
<td></td>
<td></td>
<td>Echocardiogram</td>
<td></td>
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<tr>
<td>LDL</td>
<td></td>
<td></td>
<td>MRI</td>
<td></td>
<td></td>
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<tr>
<td>Triglycerides</td>
<td></td>
<td></td>
<td>Bone age/chronological age</td>
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<tr>
<td>IGF-I</td>
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<tr>
<td>IGFBP-3</td>
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<tr>
<td>GH stimulation testing:</td>
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<tr>
<td>Arginine</td>
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<tr>
<td>Insulin</td>
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### TARGETED RISK ASSESSMENT

#### Cardiovascular risk factors

- Family history:
  - Type 2 diabetes mellitus
  - Hypertension
  - Dyslipidemia
  - Early-onset of MI or stroke
- Increased BMI or hip/waist ratio
- Hypertension
- Insulin resistance/prediabetes/diabetes
- Dyslipidemia
- Growth hormone deficiency
- Smoking
- Sedentary lifestyle

#### Osteoporosis risk factors

- Family history of osteoporosis
- Caucasian/Asian ethnicity
- Slight build
- Female gender
- Childhood-onset GH deficiency
- Transition GH deficiency
- Hypogonadism
- Steroid use
- Low bone mineral density
- Low calcium intake
- Smoking
- Sedentary lifestyle

### PSYCHOBehaviorAL RISK ASSESSMENT

- Family history of mental health disorder
- Family history of alcohol/substance abuse
- Mental health issues
- Eating disorders
- Smoking, alcohol or drug use, sexual activity
- Driving history
- Overall quality of life

### LIFE GOALS

- Educational goals
- Vocational goals
**TRANSITION OF CARE**

<table>
<thead>
<tr>
<th>Transition care from</th>
<th>To:</th>
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<tbody>
<tr>
<td>Primary care provider(s)</td>
<td></td>
</tr>
<tr>
<td>Endocrinologist(s)</td>
<td></td>
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<tr>
<td>Gynecologist/reproductive</td>
<td></td>
</tr>
<tr>
<td>endocrinologist/urologist</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

**ADULT CARE RECOMMENDATIONS**

**Primary care provider**

- Screen for osteoporosis and counsel on osteoporosis risk reduction
- Screen for cardiovascular risk and counsel on cardiovascular risk reduction
- Refer to other adult specialists as needed
- *Coordinate overall care*

**Endocrinologist**

- Medical visit to treat and monitor established endocrine/metabolic abnormalities every 3 to 6 months
- Screen for additional late-onset pituitary hormone deficiencies every 1 to 2 years as indicated
- For patients with growth hormone deficiency or other risk factors for osteoporosis, repeat DEXA in 2 years or as needed to assess near-peak bone mass and body composition
- Screen for osteoporosis and counsel on osteoporosis risk reduction
- Screen for cardiovascular risk and counsel on cardiovascular risk reduction

**Gynecologist/reproductive endocrinologist (for women) or urologist (for men)**

- Annual pelvic exam and pap smear as indicated (for women)
- Estrogen/progestin therapy as needed (for women)
- Discuss family planning as needed (for women)
- Discuss options for assisted reproduction as needed

**Other adult specialist (specify)**