RENEWAL APPLICATION FORM

For Hypophosphatasia (HPP) Enzyme Replacement Therapy

Referring Physician: Please ensure all sections below are completed, all relevant reports are attached and fax to Amy @ 204-789-3907 or scan and email to ayakimoski@chrim.ca

REFERRING PHYSICIAN ______________________ **INSTITUTION** ______________________________

City & Province/Territory ____

Email ____________________________________ Telephone __________________________________

PATIENT INFORMATION:

Initials/Case #: ________________________________ Date of Birth _____________________________
Day/Month/Year

Province/Territory of Residence ______________________________ Gender: □ Male □ Female

Date ERT Started
____
Day/Month/Year

Evidence of positive response to ERT must be shown

1) CLINICAL STATUS:

Current height ______cm/ft (____%ile) Current weight ______kg/lbs Current head circ ______cm (____%ile)

- **Fractures**: □ None in past year □ # with trauma □ # without trauma
  Site of # _____________________________________ □ Healed □ Not healed □ Ongoing
- **Orthopedic Surgical Procedures**: □ None □ Yes Specify: ____________________________________
- **Gait:** □ Normal □ Improved □ No change Describe:______________________________________
- **Gross Motor Status:** □ Normal □ Improved □ No change Describe:______________________________
- **Use of Assistive Devices:** □ No □ Yes; Type of Device: ___________________________________
- **Pain:** □ None □Yes □ Mild □Moderate/Severe Pain Meds/Dose/Frequency______________________
- **Adverse Events:** □ No □ Yes; Specify: ____

2) RADIOLOGIC FINDINGS (Attach Reports):

- **Rickets:** □ None □ Healing □ No change Describe:_______________________________________
- **Hypomineralization/osteopenia:** □ No □ Yes; details __________________________________
- **Limb bowing/deformation:** □ No □ Yes; details ______________________________________
- **Other:** (ex: radiolucent tongues) ____

3) LAB RESULTS:

- Summary of pertinent results: ____

4) OTHER INFORMATION:

- **Patient Reported Outcomes:** □ Peds Quality of Life Inventory □ CHAQ
- **Physio Assessments:** □ BOT2 □ 6MWT □ HHD □ LEFS