

POSITIVE NEWBORN SCREEN FOLLOW-UP-CONGENITAL HYPOTHYROIDISM

Gestational age _____ Birth Weight _____

I. Diagnosis: (Check one)

- Primary-failure of thyroid to develop or function correctly (**code 0102**)
Please circle: ectopic, agenesis, normal appearing gland
- Secondary/Tertiary-pituitary failure or hypothalamic dysfunction (**code 0103**)
- Hyperthyroidism-excess thyroid hormone (**code 0104**)
- Thyroxine-binding globulin (TBG) deficiency (**code 0109**)
- Transient hypothyroidism (**code 0105**)
 - Maternal disease (**specify**) _____
 - Cause unknown
- Other (**code 0109**) _____
- Normal (**code 1105**)

II. Confirmatory tests: Date _____
Results _____

III. Treatment:

Date of first contact _____ Endocrinologist Primary physician
Date to treatment _____ Medication(s) and dose(s) _____

Physician's Signature _____ **Date** _____

Printed name _____

Your signature below results in a BIRTH DEFECTS PROGRAM REGISTRATION

Physician Signature: _____