



We want to hear about you! Fill out the following questions and we will write up your story for an upcoming PKU press! Or write your own story on the back and hand it in the box in the lobby with the PKU press sign above it or mail it to the address below.

Name: (first and last)

Date of Birth:

Who is your PKU/ Allied Disorder Doctor?

What city do you live in?

Are you in school?

What grade are you in?

What is your favorite lo pro food?

What formula do you drink?

What is your favorite sport?

What is your favorite movie?

What is your favorite game or activity?

Do you have any family members with PKU?

What do you want to be when you grow up?

Anything else you want to share?