Safe/Unsafe Drug Questionnaire from Porphyria Expert, DR PETER TISHLER, HARVARD MEDICAL SCHOOL

I hope you have been using the APF Drug Database (http://APFdrugdatabase.com), which we established some years ago. I am updating the drug database once again, to add new medications and reinforce or change the safety of existent medications. Thus, I write once again to ask all APF members with an acute porphyria (acute intermittent porphyria AIP, variegate porphyria VP, hereditary coproporphyria HCP, ALA dehydratase deficiency porphyria ALAD) to provide information regarding your medications.

It is very important to please complete the attached Evaluation of Medications form for each medication. Make a second copy if you have more medications to list and return it to the APF soon using the enclosed envelope. I may contact you to clarify aspects of your report. Many thanks.

Evaluation of All Medications (Good and Bad) I Have Taken

Your Name_____ **Birth Date**_____ **Phone No.**_____

Address_____ **E-mail Address**_____
Street City State Zip Code

What Type of Porphyria Do You Have?_____ **When was the Diagnosis Made?**_____
Date

How Was the Diagnosis Made? _____

_____

Medication Name	Date Started	Stopped?			Problem With the Medication		
		NO	YES	DATE	NO	YES	NATURE of PROBLEM

PLEASE USE REVERSE SIDE FOR ADDITIONAL MEDICATIONS

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