

Patients who meet the following criteria will be offered a consult:

Lipid Values

**LDL > 3.5mmol/L OR Trig > 5.0mmol/L
OR HDL < 0.5mmol/L**

AND

Patient has one of the following:
CAD; Angina; Stroke; PAD;
Hypertension; Diabetes;
Statin intolerance

OR

Genetic Inheritance

Suggested by one of:

- Family history of lipid disorder with LDL > 3.5 mmol/L OR Trig > 5 mmol/L
- Premature vascular disease
- Trig > 10 mmol/L
- LDL > 5.0 mmol/L
- Elevated Lp(a)

Other referrals will be reviewed prior to consultation. In person consultation may not be necessary.

Referral Levels: ***Lab results must be LESS THAN 3 months old and included with referral***

DATE	Total Chol	LDL	HDL	TG	Lp(a)

Please mark all that apply:

- | | | |
|---|---------------------------------|-------------------|
| | [year diagnosed] | [year diagnosed] |
| () early CAD or stroke (less than 55 in men, less than 65 in women) ____ | | |
| () smoker | () ↑ blood pressure ____ | () diabetes ____ |
| () family history of early CAD | () ischemic heart disease ____ | () stroke ____ |

Other relevant medical or family history:

Medications:

Lipid medication intolerances/side effects:

Referring Physician:

Ref MD fax no.:

Family Physician:

Family MD fax no.

Patient Name:

DOB (dd/mm/yyyy):

Address:

Telephone: (H)
(W)

Health Card Number:

Has patient been seen in this clinic before? Y N If so, when _____ and by whom _____