

Dyslipidemia Management / Prevention Patient Referral

Referral Date (yyyy/mm/dd) _____

REFERRING PHYSICIAN _____

Phone: _____ ext _____

PHYSICIAN SIGNATURE _____ OHIP Billing Number _____

Patient's Last Name	First Name	
Address – Street	City	Postal Code
Telephone: ()	Ext.	
Cell Phone: ()		
Date of Birth (yyyy/mm/dd)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
HIN	Family Physician	

Triage Criteria – Please identify all points below which are applicable to the patient.
This information will be used to Triage the patient and book their appointment accordingly.

Endocrinology	Comprehensive Cardiology Clinic	Cardio Metabolic Clinic	Lipid Clinic
Fax: 905-521-2653	Fax: 905-577-8037	Fax: 905-528-3148	Fax: 905-528-3148
<u>Diabetes</u>	<u>Primary Prevention</u>	<u>Secondary Prevention</u>	<u>Genetic dyslipidemia</u>
<input type="checkbox"/> HbA1c > 8.5 %	Dyslipidemia	<input type="checkbox"/> CAD	Any of the following:
<u>Plus</u>	<input type="checkbox"/> LDL > 3.5 mmol/L	<input type="checkbox"/> Ischemic Stroke/ TIA <input type="checkbox"/>	<input type="checkbox"/> TG > 10.0 mmol/L (Urgent)
<input type="checkbox"/> TG > 5.0 mmol/L	<input type="checkbox"/> TG > 5.0 mmol/L	PAD	<input type="checkbox"/> LDL > 5.0 mmol/L
	<u>Plus 1 or more additional Risk Factor</u>	<u>Plus any of the following:</u> <input type="checkbox"/>	<input type="checkbox"/> HDL < 0.5 mmol/L
	<input type="checkbox"/> Hypertension	LDL ≥ 1.8 mmol/L on statin or statin intolerance	<input type="checkbox"/> Premature ASCVD (< 45M, < 55F)
	<input type="checkbox"/> Obesity (BMI>35 kg/m ²)	<input type="checkbox"/> TG ≥ 1.5 mmol/L	<input type="checkbox"/> Family history of Lipid disorder
	<input type="checkbox"/> Smoking	<input type="checkbox"/> PCSK9 request	<input type="checkbox"/> Elevated Lp(a)
	<input type="checkbox"/> Family History of ASCVD	<input type="checkbox"/> Vascepa request	<input type="checkbox"/> Referral from specialist

Comprehensive Cardiology Clinic: Evaluates CV risk and manages CV risk in patients without known ASCVD, but with dyslipidemia and at least one additional risk factor

Cardio Metabolic Clinic (Secondary Prevention): Evaluates and treats secondary prevention patients and evaluates and manages ALL CV risk factors including (dyslipidemia, HTN, DM, smoking, obesity, depression post CV event)

Lipid Clinic: Evaluate and treats severe and/or rare dyslipidemias, including genetic dyslipidemias, dyslipidemia associated with premature ASCVD and dyslipidemia requiring multiple lipid lowering therapies

Secondary Prevention defined as: Established ASCVD = including Ischemic Coronary Artery Disease (including previous ACS, coronary revascularization or CAD on imaging, atherosclerotic Cerebrovascular Disease (including stroke or TIA related to atherosclerotic disease or carotid artery disease on imaging) and Peripheral Arterial Disease (including previous revascularization, intermittent claudication with abnormal ABI, PAD on imaging)

This section is completed upon receipt of referral. Based on the above criteria, the patient has been booked for the following appointment:

Clinic: _____ Date: (yyyy/mm/dd) _____ Time: (hh:mm) _____

Triaged By: (Printed Name) _____ (Signature/Designation) _____

