LIPID CLINIC FLOWSHEET

PATIENT NAME: ____________________ DOB: ____________ SS#: ____________

ADDRESS 1: ____________________ AUTHORIZED OTHER: ____________

ADDRESS 2: ____________________ PCP: ____________

E-MAIL ADDRESS: ____________________ LIPID MD: ____________

PHONE: (H) ________ (W)________ (CELL)________ GOALS: LDL ________ NON-HDL:________ 10% WT LOSS GOAL:________

CHD & CHD RISK EQUIVALENTS:	RISK PROFILE:	CONTRAINDICATIONS:
CHD ________	☐ HTN ☐ FAM HX EBCT SCORE________	FIBRATES ________
ATHEROSCLEROSIS________	☐ AGE ☐ SMOKING Lp(a) RESULT________	STATINS ________
________	☐ LOW HDL	NIACIN ________
☐ DM ☐ 10 YR RISK > 20%		RESINS ________

ALLIERGIES: ________ MEDS:________ CO-MORBIDITIES:________

LAB DATE	TC	TRIG	NON-HDL	LDL	GLUC		OTH	SMOKES / AMT	HT ____ BMI ____	COMMUNICATION DATES	LIPID MED DOSE
						ALT		*Y N* *EXERCISE*	*Current Wt.*	Message Left: ______ ______ Unable to reach card sent: ______	
AGE						*AST*			*Wt. Goal*	Patient Contact (see EMR): ______ Repeat Labs: ______	
						ALT		*Y N* *EXERCISE*	*Current Wt.*	Message Left: ______ ______ Unable to reach card sent: ______	
AGE						*AST*			*Wt. Goal*	Patient Contact (see EMR): ______ Repeat Labs: ______	
						ALT		*Y N* *EXERCISE*	*Current Wt.*	Message Left: ______ ______ Unable to reach card sent: ______	
AGE						*AST*			*Wt. Goal*	Patient Contact (see EMR): ______ Repeat Labs: ______	
						ALT		*Y N* *EXERCISE*	*Current Wt.*	Message Left: ______ ______ Unable to reach card sent: ______	
AGE						*AST*			*Wt. Goal*	Patient Contact (see EMR): ______ Repeat Labs: ______	
						ALT		*Y N* *EXERCISE*	*Current Wt.*	Message Left: ______ ______ Unable to reach card sent: ______	
AGE						*AST*			*Wt. Goal*	Patient Contact (see EMR): ______ Repeat Labs: ______	
						ALT		*Y N* *EXERCISE*	*Current Wt.*	Message Left: ______ ______ Unable to reach card sent: ______	
AGE						*AST*			*Wt. Goal*	Patient Contact (see EMR): ______ Repeat Labs: ______	