

# ADVANCED LIPID DISORDER (ALD) CLINIC REFERRAL FORM

**Patient Details**

Name:	Date of birth:	Gender M / F:
Address:	Telephone (H):	Height:
	Telephone (M):	Weight:
	Medicare No:	BMI:

**Services Requested**

**Clinical Details**

**Referring Doctor Details**

**Doctor Signature**

**Date**  
(Mandatory)

**Copies to**

**Appropriate patients for ALD Clinic include:**

- Suspected Familial Hypercholesterolemia with DLCNS\*  $\geq 3$
- Premature coronary artery disease (male <55 y.o & female < 60 y.o) and suspected as having hereditary lipid disorders such as Familial Hypercholesterolemia, Familial Combined Hypercholesterolemia, etc.
- Patients with documented progressive coronary artery disease and Atherogenic Dyslipidaemia
- Severe hypertriglyceridemia; TG>10 mmol/L with or without complication of pancreatitis
- Documented severe rhabdomyolysis as a side effect of statin therapy

**The ALD clinic is not aimed for patients with:**

- Intermediate to high-risk profile patients for primary prevention
- Not formerly screened by DLCNS\* or phenotypical diagnosis of FH
- Uncomplicated statin intolerance
- Secondary dyslipidaemia
- Age < 18

\* Dutch Lipid Clinic Network Source

**At least one of the indications below (MUST) be selected for the Advanced Lipid Disorder Clinic:**

- |   |   |
|---|---|
| <input type="checkbox"/> LDL over 1.8 - with maximum statin and ezetimibe | <input type="checkbox"/> Statin intolerant        |
| <input type="checkbox"/> FH- Familial Hypercholesterolemia                | <input type="checkbox"/> Previous Cardiac Disease |

**Please select patient background indications & include details of any past cardiac investigations or any other health concerns**

- |  |  |
|--|--|
| <input type="checkbox"/> Hypertension.....                       | <input type="checkbox"/> Smoking.....  |
| <input type="checkbox"/> Diabetes.....                           | <input type="checkbox"/> Liver function.....   |
| <input type="checkbox"/> Previous stroke .....                   | <input type="checkbox"/> Coronary artery disease (e.g. previous AMI/PCI/CABGs)             |
| <input type="checkbox"/> Renal Function: Creatinine umol/l ..... | <input type="checkbox"/> Family history of premature coronary artery disease (M<55) (F<60) |

**Current Medications:** .....

**Baseline Investigation** (enclose copies of results with referral):

- Lipid Profile (Including Lipoprotein (a) and Apo-B) Date: ...../...../..... Fasting Blood Sugar, HbA1c Date: ...../...../.....
- Liver Function Test Date: ...../...../..... Other: ..... Date: ...../...../.....
- Creatinine Kinase.....U/L

**Assessment:** Clinical question to be answered with advanced lipid disorder clinic review