

PATIENT PLAN

PRACTICE NAME _____ Date _____

Patient Name _____ DOB _____

	Goal		Goal
Total Cholesterol _____	()	Non-HDL Cholesterol _____	()
Triglycerides _____	()	Lp(a) _____	()
HDL _____	()	Hs-CRP _____	()
LDL _____	()	Other _____	()

Lipid Diagnosis _____

PLAN

Problem #1 _____

Goal _____

Method _____

Problem #2 _____

Goal _____

Method _____

Problem #3 _____

Goal _____

Method _____

CURRENT MEDICATIONS _____

IMPORTANT DATES TO REMEMBER

- Repeat lab work on _____ on _____ - _____ - _____ at _____
Fasting – Nothing but water and medications for 12 hours
- Return to Lipid Clinic on _____ - _____ - _____ at _____
- Your consultation with the Registered Dietitian is on _____ - _____ - _____ at _____

PLEASE CALL US AT _____ IF YOU HAVE ANY QUESTIONS