

PRIMARY AND SECONDARY PREVENTION

Patient Name: _____ Date: _____

	Your Results	Desirable Levels
Fasting Glucose		< 100 mg/dL
Total Cholesterol		< 200 mg/dL
Triglycerides		< 150 mg/dL
HDL ("good")		≥ 40 mg/dL ≥ 60 mg/dL (optimal)
LDL ("bad")		< 100 mg/dL (optimal) ≤ 70 mg/dL (optimal for secondary prevention)
Non-HDL -cholesterol		30 points higher than LDL goal
Creatinine (kidney)		< 1.2 mg/dL
ALT (liver)		< 45 U/L
Potassium		3.5 - 5.0 mEq/L
Hematocrit (red blood concentration)		35-47%
Blood Pressure		
Systolic ("top number")		< 140 mmHg < 120 mmHg (optimal)
Diastolic ("bottom number")		< 90 mmHg < 80 mmHg (optimal)
Pulse		< 100
Height		
Weight		
Body Mass Index [weight (kg) ÷ height ² (m)]		< 25 kg/m ²
Other test results		

PATIENT LAB RESULTS

PRACTICE NAME: _____ Patient Name: _____

	Baseline	Final	Goals
Date			
Height cm			
Weight kg			
BMI kg/m ²			18.5 – 24.9
Systolic Bld Pressure mm/Hg			< 140 mm/Hg < 120 mm/Hg ideal
Diastolic Bld Pressure mm/Hg			< 90 mm/Hg < 80 mm/Hg ideal
Glucose mg/dL			< 100 mg/dL
Cholesterol mg/dL			< 200mg/dL
Triglycerides mg/dL			< 150 Mg/dL
HDL-C mg/dL			> 40 mg/dL > 60 mg/dL ideal
LDL-C mg/dL			< 130 mg/dL < 100 ideal
ALT Liver			< 45 U/L
Creatinine Kidney			<1.2 mg/dL
Hematocrit Blood count			35 - 47 %

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

CARDIOVASCULAR RISK ASSESSMENT RETURN VISIT

PRACTICE NAME _____ Date _____

Patient Name _____ DOB _____

Current Medications _____

Global Risk Reduction Plan

Dyslipidemia: Current Lipid Medications _____

Side Effects _____

Compliance _____

Current Lab Data _____

Lipid Medication Plan: No Change _____

Change _____

New Medication Patient Education Given _____

Hypertension

Current Blood Pressure _____ / _____ HR _____ Reg/Irreg _____

BP Goal _____ BP Plan _____

Physical Activity

Current Exercise _____ Exercise Goal _____

Exercise Plan _____

Current Diet _____ Diet Goal _____

Diet Plan _____

Weight

Current Weight _____ Goal Weight _____

Weight Plan _____

Smoking

Current Smoking Status: N/A _____ Current PPD _____ Quit Date _____

Smoking Plan _____

Diabetes

Current FBG/HbA_{1c} _____ / _____ Goal FBG/HbA_{1c} _____ / _____

FBG/HbA_{1c} Plan _____ / _____

Return Visit Date _____

Labs Requested: Lipid Panel _____ Other _____

Provider

FOLLOW-UP VISIT

PRACTICE NAME _____ Patient Name _____ Date _____

Dear _____

Our records indicate that you are due for:

Laboratory work on _____

Cardiovascular Risk Clinic visit on _____

Please call if you have any questions

NAME

PHONE NUMBER

Fold here

.....