Physician to Complete Date of Referral: _____

Patient Name:_____ DOB: _____

Patient's Home Phone Number:_____ Alternate Number: _____

Email: _____

Referring MD:_____ Follow-up (managing) Physician:_____

Office Fax Number to send patient lipid clinic information: _____

→ **PLEASE ATTACH MOST RECENT HISTORY AND PHYSICAL AND LABORATORY DATA IF THAT INFORMATION IS NOT AVAILABLE IN THE ELECTRONIC HEALTH RECORD**

PLEASE COMPLETE THE FOLLOWING INFORMATION

1. Diagnosis: ❒Pure hypercholesterolemia ❒ Mixed hyperlipidemia ❒Other and unspecified hyperlipidemia
❒ Essential hypertension; benign ❒ Other _____

2. Requested Lipid Management Service Check all that apply (pharmacist provided care unless otherwise indicated):

❒ Initiate treatment
❒ Assume management
❒ Manage until at goal
❒ Manage indefinitely
❒ Other_____
❒ Nutrition consult (dietician provided)
❒ Consult for intensive lifestyle modification (includes nutrition consult)
❒ Consult for alternative therapy options (includes nutrition consult)

3. Complicating Factors:

❒ Resistant or intolerant to prior therapy
❒ Time to goal is paramount
❒ Complex therapy
❒ Adherence concerns
❒ Renalin sufficiency
❒ Suspect genetic dyslipidemia (i.e., TG>500, LDL>190, low HDL, elevated Lp(a))
❒ Metabolic syndrome
❒ Drug interaction concern, adverse drug reaction, polypharmacy
❒ Patient is hesitant to begin therapy
❒ Other:_____

4. History of:

❒ CAD ❒ MI ❒ Stroke ❒ Carotid artery disease ❒ PVD ❒ AAA ❒ DM ❒ CKD or nephrotic syndrome

5. Goal of Therapy: (NCEP ATP III guidelines will be followed if goals are not specified)
LDLgoal: _____ HDLgoal: _____

6. Activity Restrictions: (Required in order to provide exercise counseling)

❒ No activity restrictions
❒ Yes, the activity restrictions are as follows:_____
❒ Interpreter needed? If so, please indicate language: _____

_____ _____ _____
Provider Signature* **Date** **Time**

_____
Printed Name

*Signature indicates provider's order for evaluation and management of dyslipidemia therapy by EvergreenHealth Pharmacists, assignment of benefits for dyslipidemia management to EvergreenHealth and authorization for the use of Washington State Board of Pharmacy approved collaborative management agreement. Ordered Frequency of Laboratory Tests and Evaluation/Monitoring Clinic Visits: Lipid panel+glucose, AST/ALT visit 1 then per treatment plan schedule.

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LIPID MANAGEMENT (a service within Evergreen's Pharmacist Provider Services)
Phone: (425) 899-2783 Fax: (425) 899-2784 Please fax completed referral forms

EvergreenHealth Kirkland, WA 98034

LIPID MANAGEMENT SERVICE REFERRAL AND PROVIDER ORDER
FORM ID RX 385
Approved 12/22

APPLY PATIENT LABEL HERE

Original/Fax – Patient Clinic Chart Copy – Medical Records

MR