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Lipoprotein and Metabolic Disorders Institute, PLLC

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CONSULT REQUEST FORM

Patient Name: _____

Date of Birth: _____ Male/Female: _____

Phone: (H) _____ (Daytime) _____

1. PLEASE EVALUATE THE FOLLOWING (place check below to indicate your choice):

_____ **LIPID / LIPOPROTEIN ABNORMALITY**

Examples of patients often considered for referral include patients with:

Severe lipid / lipoprotein abnormality;

Difficulty reaching lipid or particle number goals;

Intolerant to various lipid altering therapies;

Need for of multiple drug combination therapy;

Pediatric lipid disorders;

Presence of significant co-morbidities (e.g., renal disease, HIV, immune suppressive therapy);

Need for evaluation and opinion regarding individualized goals of therapy / therapeutic options.

_____ **ATHEROSCLEROSIS / CARDIOVASCULAR RISK**

Comprehensive evaluation including integration of laboratory and non-invasive imaging tests to determine the degree of vascular risk present and appropriate lipid / lipoprotein goals

_____ **INSULIN RESISTANCE / METABOLIC SYNDROME**

_____ **CAROTID IMT WITH INTERPRETATION**

_____ **OTHER – DESCRIBE:** _____

2. LEVEL OF CONSULT/SERVICE REQUESTED (place check below to indicate your choice):

_____ **Level I Referral** Consult for evaluation / treatment recommendations only and return patient to referring physician for ongoing management

_____ **Level II Referral** Consult / treat patient to therapeutic goal, then return patient to referring physician for ongoing management

_____ **Level III Referral** Consult and continue ongoing patient management for lipid/lipoprotein care

_____ **Carotid IMT Testing Only**

Referring Provider Information

Name: _____

Practice Name: _____

Practice Address: _____

Office contact person: _____ Position: _____

Phone #: _____ Fax #: _____ Email: _____

Please fax the following items to LMDI at (919) 336-4732:

Consult request form, Labs (last 2 years), Most recent H & P, Recent office notes, Most recent imaging reports, Most recent stress tests results, and EKG.