The Lipid Heart Clinic The Children's Hospital *of* Philadelphia

34th Street and Civic Center Boulevard, Philadelphia, PA 19104-4399 (215) 590-1804 phone; (215) 590-4978 fax www.chop.edu/lipidheart

REFERRING PHYSICIAN APPOINTMENT REQUEST FORM

The Lipid Heart Clinic at The Children's Hospital of Philadelphia is a multi-disciplinary clinic that evaluates children and adolescents (ages 2- 17 years old) with lipid disorders who may be at risk for the development of early heart disease. Our team includes physicians, nurse practitioners, and registered dietitians, who all work together with families. We support families to make healthy lifestyle changes, give customized dietary recommendations, and in some cases, begin medications to reduce their risk for early onset of heart disease.

If children have an abnormal fasting lipid profile, then a repeat fasting lipid profile is recommended and the results should be averaged. If the average level of the two fasting lipid profiles is abnormal (LDL \geq 110 mg/dL, HDL < 35 mg/dl or triglycerides >200 mg/dl), consider referring the child to The Lipid Heart Clinic. To optimize the clinic visit, we recommend the following *fasting* laboratory studies *prior to* the patient's appointment:

- Lipid panel (total cholesterol, LDL, HDL, triglycerides)
- If the child is 9 years and older and has a high triglyceride level (TG > 200 mg/dL) or a low HDL level (HDL < 35 mg/dL), we request the following to test for insulin resistance:
 - o A fasting insulin
 - A fasting glucose
- Thyroid function tests (Free or total T4 and TSH)
- Urinalysis

The Lipid Heart Clinic is unable to schedule patients without a recent fasting lipid profile (≤ 6 months old). We recommend obtaining a recent fasting lipid profile from the child's biological mother, father and siblings, and half-siblings ≥ 2 years of age. We also request any past lipid profiles on the patient to fully assess the progression and possible impact of lifestyle changes. Taking this first important step to organize the information demonstrates commitment by the family to recognize the health risks and the need to make dietary and lifestyle changes and consider the possible need for pharmacological treatment.

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The laboratory studies can be faxed to The Lipid Heart Clinic at 215-590-4978 using the attached "New Appointment Request" form. Please indicate the child's name and date of birth on all laboratory results (patient or family members) to avoid confusion when parent and child's last names are different. Please have the families call us to schedule the appointment at 215-590-4040 *after* the labs have been faxed to us, if possible. The laboratory studies need to be faxed to us at least 3 weeks in advance of the child's visit. If we do not receive labs within 1 week of the appointment, we will have to cancel the visit. If after reviewing the lab results, the Lipid Heart Clinic team believes that a specialized consultation is *not* necessary, we will contact you directly to discuss the results.

We are available to answer any questions that you might have. Thank you again for your interest in The Lipid Heart Clinic and we look forward to meeting the family and working with you to ensure the health of the child. If you have any questions or concerns, please feel free to contact us at 215-590-1804.

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New Appointment Request Fax Cover Sheet

This form should accompany all initial appointment requests and laboratory results

To: The Lipid Heart Clinic	Fax: 215-590-4978	Phone: 215-590-1804
From: Provider name:		
Provider address:		
Telephone number:	ZIP code: _	
Provider fax number:		
New appointment request for:		
Patient name:	Date of birth	ı:
Parent/guardian name (s):		
Address:	City:	
Family telephone number: (h)	(w)	
I am submitting pages, in	cluding the cover sheet	
Please include the following Required Child's Labs:	g:	
Lipid Panel (total choleste	erol, LDL, HDL, triglycerides)	in the last 6 months
Recommended Labs for Optim	al Visit:	
Previous fasting lipid panel Thyroid function tests: Fi		
Urinalysis If the child is > 9 years ol level (< 35 mg/dL): fastir		evel (> 200 mg/dL) or low HDL
*Biological parents fasting l	•	pid panel

^{*}If parents or siblings are on lipid-lowering medication, please indicate on the lab sheet if the labs were taken when they were on medication. Please also provide pre-medication lipid profile if available.