

Liverpool Hospital Lipid Clinic Referral Form

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Health
South Western Sydney
Local Health District

A/Prof Christian Mussap (Cardiologist)

Dr Jay Ramanathan (General Medicine)

Patient details

Referral Date:

Name:	Address:
Date of Birth:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Mobile:	Landline:

Reason for Referral

Investigation / Test Results

Total Cholesterol (mmol/L):
Triglycerides (mmol/L):
LDL (mmol/L):
HDL (mmol/L):
Non-HDL (mmol/L):
Lipoprotein (a):

Allergies:

Current Medication:

Drug name	Strength	Frequency

Referring Doctor	
Provider Number	
Practice Name	
Practice Address	
Practice Phone Number	