

At-Home Cholesterol Test

PATIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Contact Information:

Medical History:

Current Medications:

Allergies:

TEST PROCEDURE

Sample Collection:

Packaging:

Delivery:

RESULTS

LDL Cholesterol Level: _____

LDL Reference Ranges: Optimal: 70-100 mg/dL, Borderline: 130-159 mg/dL, High: 160 mg/dL and above

HDL Cholesterol Level: _____

HDL Reference Ranges: Optimal: 40-60 mg/dL, Borderline: 35-39 mg/dL, Low: Below 35 mg/dL

Total Cholesterol Level: _____

Total Cholesterol Reference Ranges: Desirable: Less than 200 mg/dL, Borderline: 200-239 mg/dL, High: 240 mg/dL and above

Interpretation:

LDL Cholesterol:

HDL Cholesterol:

Total Cholesterol:

RECOMMENDATIONS

Dietary Suggestions:

Physical Activity:

Follow-up: