

Cumming Pediatric Group Lipid Test Screening Form

Name of Child _____ DOB _____ Today's Date _____

Does any immediate family member (parents, grandparents, aunts, uncles) have high cholesterol?

YES **NO**

Does anyone in the child's family take medication to control cholesterol?

YES **NO**

Has anyone in the immediate family been diagnosed or died from a heart related issue before the age of 50?

YES **NO**

Does anyone in the immediate family have diabetes Type 1 or Type 2?

YES **NO**

What has the child eaten/drunk today? _____

Provider Section:

Lipid and Lipoprotein Distributions in Subjects Aged 5 to 19 years

	Males			Females		
	5-9 yrs	10-14 yrs	15-19 yrs	5-9 yrs	10-14 yrs	15-19 yrs
Total cholesterol, mg/dL						
153	161	152	164	159	157	
168	173	168	177	171	176	
183	191	183	189	191	198	
186	201	191	197	205	208	
Triglyceride, mg/dL						
48	58	68	57	68	64	
58	74	88	74	85	85	
70	94	125	103	104	112	
85	111	143	120	120	126	
Low Density Lipoproteins, mg/dL						
90	94	93	98	94	93	
103	109	109	115	110	110	
117	123	123	125	126	129	
129	133	130	140	136	137	
High Density Lipoproteins, mg/dL						
38	37	30	36	37	35	
43	40	34	38	40	38	
49	46	39	48	45	43	
55	55	46	52	52	51	

Cut Points for the Total Cholesterol and LDL Concentrations in Children and Adolescents

Category	%ile	Total Cholesterol Mg/dL	LDL, mg/dL
Acceptable	<75th	<170	<110
Borderline	75th to 95th	170-199	110-129
Elevated	>95th	>200	>130