**Primary Aldosteronism Forum (Australia & New Zealand) – Referral Proforma**

* Please only include de-identified information
* Please complete the white boxes with relevant information
* Email completed form to [pace@hudson.org.au](mailto:pace@hudson.org.au)

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| **Name and site of clinician submitting the case:** |  |

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| **BACKGROUND** | |
| Age, sex & ethnicity | |
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| PA history summary (presentation, reason for referral) | |
|  |  |
| Past medical history | Current medications |
|  |  |
| BMI / weight | Recent blood pressure |
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| **INVESTIGATIONS** | | | | | |
|  | **Test** | **Value** | | | **Medications at time of blood test?** |
| #1 | Aldosterone |  | Unit:  LCMS or IA: | |  |
| Renin |  | Unit:  DRC or PRA: | |
| ARR |  | | |
| Sodium |  | | |
| Potassium |  | | |
| Creatinine |  | | |
| eGFR |  | | |
| #2 | Aldosterone |  | Unit:  LCMS or IA: | |  |
| Renin |  | Unit:  DRC or PRA: | |
| ARR |  | | |
| Sodium |  | | |
| Potassium |  | | |
| Creatinine |  | | |
| eGFR |  | | |
| 1mg overnight dexamethasone suppression test | |  | | | |
| Confirmatory test details (test done and results) | |  | | | |
| **Saline suppression test results** | | **Pre-saline** | **Post-saline** |  | |
| Potassium | |  |  |  | |
| Cortisol | |  |  |  | |
| Aldosterone | |  |  | Unit:  LCMS or IA: | |
| Renin | |  |  | Unit:  DRC or PRA: | |

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| **LATERALISATION STUDIES** | | | | | | | |
| Adrenal CT/MRI (state if an adrenal lesion is observed, and describe its side, size, and morphology) | | | |  | | | |
| Adrenal vein sampling done? If yes, please fill in all relevant details below. | | | |  | | | |
|  | **Pre-ACTH** | | | | **Post-ACTH** | | | |
| Right | Left | Peripheral | | Right | Left | Peripheral | |
| Aldosterone |  |  |  | |  |  |  | |
| Cortisol |  |  |  | |  |  |  | |
| Aldo:Cortisol ratio |  |  |  | |  |  |  | |
| **Selectivity**  **index** |  |  |  | |  |  |  | |
| **Lateralisation index** |  |  |  | |  |  |  | |
| **Contralateral suppression index** |  |  |  | |  |  |  | |

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| **PATIENT PREFERENCES** (e.g. open to surgery/intervention) |
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| **Additional relevant information** |
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| **What is/are your question(s) for the PA Forum expert panel?** |
|  |
| **MDT OUTCOME** |
| *To be completed by PACE Forum group after meeting* |