**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

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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?** |
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| **MDT OUTCOME** |
| *To be completed by PACE Forum group after meeting* |