

**REFERRAL OF PATIENTS WITH POSSIBLE OR DEFINITE FAMILIAL HYPERCHOLESTEROLAEMIA (FH) TO THE GENETIC SCREENING CLINIC**

Date	
Referring GP	
Sign	
Address	
Post Code	
Telephone Number	

Patient name		
Address		
Post code		
Telephone number	Home	Mobile
DOB		Age
NHS No		

**BIOCHEMICAL RESULTS MUST ACCOMPANY THIS REFERRAL**

Highest total cholesterol / LDL known to patient (pre-treated if available)		
Date	Total cholesterol	HDL
	Triglycerides	LDL
Most recent lipid profile		
Date	Total cholesterol	HDL
	Triglycerides	LDL

Is this patient currently taking any lipid lowering medication? Please list below.	
<b>Medication</b>	<b>Dose</b>
Please list any possible secondary medical causes of hyperlipidaemia (e.g. hypothyroid)	
Please list any recent drugs which may have caused or contributed to hyperlipidaemia (where possible please provide a full list of current medication)	

Height		cm
Weight		kg
BMI		

Alcohol intake	(units per week)
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CLINICAL INFORMATION AND MEDICATION HISTORY			YES	NO
Is there a personal history or are there first degree relatives with proven coronary disease < 60 years old? If the answer is yes please complete the information below.				
<b>Relationship to patient</b>	<b>Age</b>	<b>Event (e.g. MI, PCI, CABG, CVA, Angina)</b>		
			YES	NO
Are there any second degree relatives with proven coronary disease <50 years old? If the answer is yes please complete the information below.				
<b>Relationship to patient</b>	<b>Age</b>	<b>Event</b>		
			YES	NO
Is there a family history of pre-treated cholesterol above 7.5mmols? If the answer is yes please complete the information below.				
<b>Relationship to patient</b>	<b>Age</b>	<b>? On treatment</b>		
			YES	NO
Is Tendon Xantomata present?				
<b>Patient</b>				
<b>1<sup>st</sup> or 2<sup>nd</sup> degree relative</b>				
			YES	NO
Does the patient have corneal arcus?				

**Please attach completed form to e-RS  
 Familial Hypercholesterolaemia Genetic Screening –**

- **Select Speciality – Cardiology**
- **Select Clinic Type – Cardiology Genetics**
- **Type in our postcode – UB9 6JH**
- **This will display 4 services stating Familial Hypercholesterolaemia;**
- **Select the service that states Familial Hypercholesterolaemia Genetic Screening Triage**

**If you have any problems completing this form please call 01895 82 3737 or 0330 128 3737 ext.85084**

