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**Referral for suspected familial hypercholesterolaemia**

 **For further guidance and referral pathway information please refer to NICE guidance**

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| **ATTN\*** (**✓** only one option) |
| **🞏** | **Tel. no. 023 8120 6483****Email. GeneticsFH@uhs.nhs.uk** |  | **FH Clinical Team,** **Wessex Clinical Genetics Service Princess Anne Hospital, Coxford Road****SO16 5YA** |

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| --- | --- | --- | --- | --- |
| **Date of referral\*** | DD / MM / YYYY | **Clinic required\*** (**✓** only one option) | **New Patient:** | **Cascade Patient:** |
| **Patient details** |
| **Name\*** |  | **Date of birth\*** |  |
| **NHS Number \*** |  | **Sex** |  |
| Patient address:Post Code:Tel. no. Home: Work: Mobile: | **Referrers name\*:****Address\*:****Tel. no.\*:****Fax no.\*:** |
| **Medications\***(please attach GP summary) |  |
| **Supporting clinical information for referral** |
| **Family History\*** |  |
| **Relevant past medical history\*** |  |
| **Relevant conditions\*** | 🞏 Diabetes 🞏 Renal Disease  | **Prior CVD\*** 🞏 Yes or 🞏 NoHistory |
| **Fasting Lipid Profile findings\***(Please attach results) | 🞏 First**Pre Statin treatment if possible** |  🞏 Second |
| **Routine bloods requested\*** | 🞏 U&Es 🞏 FBC 🞏 TFTs 🞏 LFTs 🞏 Fasting Glucose  | **Statin Medication: Dose:**Start date |