

LIPID CLINIC REFERRAL

Adult (>= 16yrs) with CLINICAL FAMILIAL HYPERCHOLESTEROLAEMIA (FH)



This form may be used to refer an adult with possible/definite FH to the Lipid Clinic. The Map of Medicine guidelines for patients with possible or definite FH provide more information on how to make the diagnosis.

Date of Referral:

Refer to: Dr.....

Referring G.P:

Address:.....

.....

.....

..... Post Code:

Telephone No:

Fax No:

Patient's Surname:

Previous Surname (if married):

Forename(s):

Address:

.....

..... Postcode:

Telephone No. Daytime:

Evening:

D.O.B. Age:

NHS No:

Hospital ID No. if available:

Special Needs: (e.g. hearing loss, physical disability)

Interpreter Required: Yes No

Language:.....

BIOCHEMICAL RESULTS TO ACCOMPANY THE REFERRAL

Lipid profiles:

At least one fasting, preferably **pre-treatment**. If on lipid medication, state drug and dose on dotted line:

Date: Total chol . HDL-C . Trigs . LDL-C (fasting) .

.....

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.....

Tests to exclude secondary causes:

Fasting glucose: Date Diabetes: YES/NO

TSH: Date

Creatinine: Date

LFTs: Date

Total protein Albumin Bilirubin Alk phos ALT

CLINICAL INFORMATION and DRUG HISTORY

Personal history or first degree relatives with proven coronary disease < 60 years? Yes No

Second degree relatives with proven coronary disease < 50 years? Yes No

Family history of cholesterol > 7.5 mmol/l? Yes No

Are tendon xanthomata present? Yes No

Smoker/ Ex-smoker/Non-smoker?.....

Alcohol consumption (units per week)?.....

List any recent drugs which may cause hyperlipidaemia (please attach list of all current drugs)

Other relevant medical history ?.....

Please send completed forms with a copy of the patient's current drug history and details of any other relevant history to the Local Lipid Clinic