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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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| **Please submit on e-RS:****Speciality:** Genetics**Clinic type:** Genetics**Service name:** [Genetics - Familial Hypercholesterolaemia - (Triage) - UHSFT - RHM](https://www.nhs.uk/service-search/other-services/chooseandbook?serviceId=7938300) | **FH Clinical Team****Wessex Clinical Genetics Service** **Princess Anne Hospital****Coxford Road****SO16 5YA****Tel. no. 023 8120 6483** |
| **HIOW ICB Proactive FH work: 🞏Yes 🞏 No** |

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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 |