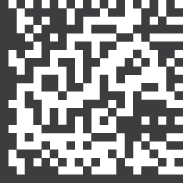
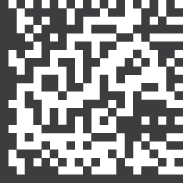
File within 3rd spine

Place patient sticker **within** this box

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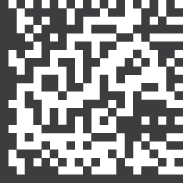
**Family history form when considering referring a patient to the Lipid Service**



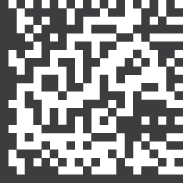
|  |  |  |  |
| --- | --- | --- | --- |
| **GP instructions** | | | |
| To help us determine the most appropriate lipid service required please ask the patient to complete this family history form (to the best of their knowledge), and then scan the form and include it with your referral. please ask them to complete this family history form (to the best of their knowledge), and then scan the form and include it with your referral. | | | |
| **Patient instructions** | | | |
| As you will be aware, your GP is seeking advice from the Lipid specialist at the Royal Cornwall Hospital. To be able to do this they may need to review your notes, and your family history, which is an important part of this. We would be grateful if you could fill in this family history form as much as you can and then give it back to your GP. | | | |
| **Relative** | **Are they alive -**  **if so how old are they? If they have died - what age did they die**  **and what was the cause?** | **Do they have high cholesterol?**  **(if so do you know what their cholesterol level was?)** | **Have they had angina, a heart attack or a stroke under the age of 60?** |
| **Mother** |  |  |  |
| **Father** |  |  |  |
| **Siblings**  **(Brothers and sisters)** |  |  |  |
| **Children** |  |  |  |
| **Maternal grandfather (Mum’s dad)** |  |  |  |
| **Maternal grandmother (Mum’s mum)** |  |  |  |
| **Maternal aunts / uncles (Mum’s brothers and sisters)** |  |  |  |
| Please turnover page, continues overleaf | | | |

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Place patient sticker **within** this box



|  |  |  |  |
| --- | --- | --- | --- |
| **Relative** | **Are they alive -**  **if so how old are they? If they have died - what age did they die**  **and what was the cause?** | **Do they have high cholesterol?**  **(if so do you know what their cholesterol level was?)** | **Have they had angina, a heart attack or a stroke under the age of 60?** |
| **Paternal grandfather (Dad’s dad)** |  |  |  |
| **Paternal grandmother (Dad’s mum)** |  |  |  |
| **Paternal aunts / uncles (Dad’s brothers and sisters)** |  |  |  |
| **Other family members (eg. cousins, nieces, nephews and**  **half-relatives)** |  |  |  |

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