**West Midlands Familial Hypercholesterolaemia Service (WMFHS) Referral Form**

**(GP to WMFHS)**

|  |  |
| --- | --- |
| **Patient’s Surname:** | **Previous Surname (If known):** |
| **Forenames:** |
| **D.O.B:**  | **Age:** | **NHS No:** |
| **Address:** | **Postcode:** |
| **Telephone No. Daytime: Mobile:** |
| **Ethnicity:** |
| **Special Requirements (e.g. hearing loss, physical disability):** |
| **Spoken Language:** |
| **Interpreter Required (e.g. BSL, Language):** |
| **Has patient consented to referral: YES/NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Date:**  | **Referring GP/Consultant** | **CCG/ICB:** | **GP Practice:** |
| **Address:** | **Post Code:** |
| **Tel No:** | **Email:** |

|  |
| --- |
| **PLEASE NOTE:-****FH is characterised by lifelong elevation of LDL-C levels, therefore FH is not usually indicated in patients whose lipids have previously been in a ‘normal range’.** (Cholesterol levels can rise considerably in post-menopausal women)**Patients with Triglycerides >4.5 mmol/L are not eligible for referral.** **Secondary causes of hypercholesterolaemia should be excluded prior to referral to include:** * **Chronic Liver Disease**
* **Nephrotic Syndrome**
* **Hypothyroidism**
* **Diabetes Mellitus (poorly controlled)**
 |

**LIPID RESULTS TO ACCOMPANY THE REFERRAL**

**We require the highest recorded total cholesterol (TC), together with concurrent lipid results as detailed below. If a full set of lipids is not available at the time of the highest TC you must provide results from a repeat full lipid screen. It is important that any treatment for lipid reduction taken at the time of the result is documented. A summary record of the patients’ lipid results can be submitted to aid this referral.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **TC** | **Trigs** | **HDL** | **LDL** | **If on lipid lowering medication, state drug and dose** |
| **Earliest ever lipid levels** |  |  |  |  |  |  |
| **Highest ever lipid levels** |  |  |  |  |  |  |
| **Most recent lipid levels** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Does the patient have 1st Degree relatives with proven documented CHD <60 years?**  | **YES/NO** |
| **List patients current lipid lowering medication and date of commencement:** |
| **Relevant medical history (Please report any clinical history of premature CHD/CVD < 60 years):** |
| **If this patient is found to be appropriate for referral to a Lipid Consultant this will be done DIRECTLY by the FH Specialist Nurse. If you DO NOT wish for us to refer directly please tick here**  |