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

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| --- | --- | --- | --- | --- |
| **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** | | | | |

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

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| **LIPID RESULTS TO ACCOMPANY THE REFERRAL** |
| **If on lipid lowering medication, state drug and dose:** |
| **Date: Total Chol: Triglycerides: HDL-C: LDL-C Fasting YES/NO** |
| **Patients with the following conditions are NOT eligible for referral to WMFHS (please see referral pathway):-**   * **Diagnosis/Treatment for Nephrotic Syndrome** * **Diagnosis/Treatment for CKD 4 and above** * **Diagnosis/Treatment for Chronic Liver Disease** * **Triglycerides > 5mmol/L** |

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| --- | --- | --- | --- |
| **1st Degree relatives with proven CHD/Stroke < 60years** | | | **YES/NO** |
| **2nd Degree Relatives with proven CHD/Stroke < 50 years (if known)** | | | **YES/NO** |
| **Family History of cholesterol >7.5 mmol/L** | | | **YES/NO** |
| **Blood Pressure**  **(Date):** | **Smoker/Ex-Smoker/**  **Non-smoker** | **Alcohol**  **(Units/week):** | |
| **List patients current medication:** | | | |
| **Relevant medical history (cardiovascular):** | | | |
| **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** | | | |

**Incomplete forms will be returned**

**Please email completed forms and any additional information to** [**Westmidlands.fhnurses@nhs.net**](mailto:Westmidlands.fhnurses@nhs.net)