

Place patient sticker **within** this box**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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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)			