

Place patient sticker **within** this box**Family history form for the Lipid Clinic (face-to-face)
- Chemical Pathology / Metabolic Medicine**

In preparation for your lipid clinic appointment we would be grateful if you could fill in the following table as much as you can, and then **bring the form with you to your appointment.**

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)			
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)			