Academic Health Science Network
North East and North Cumbria

Familial Hypercholesterolaemia in Primary Care Project

SCREENING VISIT

Visit Date D D M M M M Y Y Y Y

Subject ID number A

		Y	N	
1	Does the patient have DM?	☐	☐	_____
2	Does the patient have CKD (stage 3,4 or 5)?	☐	☐	_____
3	Does the patient have atrial fibrillation?	☐	☐	_____
4	Does the patient take medication for hypertension?	☐	☐	_____
5	Does the patient have migraines?	☐	☐	_____
6	Does the patient have rheumatoid arthritis?	☐	☐	_____
7	Does the patient have systemic lupus erythematosis?	☐	☐	_____
8	Does the patient have severe mental illness?	☐	☐	_____
9	Is the patient taking atypical antipsychotic medication?	☐	☐	_____
10	Is the patient taking regular steroid tablets?	☐	☐	_____
11	Does the patient have erectile dysfunction or taking medication for erectile dysfunction?	☐	☐	_____

Age ☐☐

Gender at birth ☐

Ethnicity ☐

Postcode ☐☐☐☐ ☐☐☐

Laboratory Assessments

Highest pre-treatment LDL with TGs less than 2.3 ☐

OR

Highest LDL on treatment if pre-treatment not available ☐

Date ☐☐ ☐☐ ☐☐ Age ☐☐ years
D D M M Y Y

Total Cholestrol ☐☐.☐☐

HDL Cholesterol ☐☐.☐☐

LDL Cholesterol ☐☐.☐☐

Triglycerides ☐☐.☐☐

Cholesterol/HDL ratio ☐☐.☐☐

Non HDL ☐☐.☐☐

HbA1c within 12 weeks of lipids ☐☐ mmol/mol ☐☐. ☐ % ☐ n/a

Date ☐☐ ☐☐ ☐☐
D D M M Y Y

Lipoprotein (a) ☐☐☐.☐ n/mol

Vital Signs

Systolic ☐ mmHg Diastolic ☐ mmHg Heart Rate ☐ bpm

Height ☐ cm Weight ☐ kg

Medication

Is the patient currently taking any lipid modifying agents?

Type: Dose: Frequency:

Start date: ☐☐ ☐☐ ☐☐
D D M M Y Y

Type: Dose: Frequency:

Start date: ☐☐ ☐☐ ☐☐
D D M M Y Y

SCREENING VISIT

Complete Physical Exam

	Present	Not present	Not done	Bilateral	Unilateral
Premature corneal arcus < 45 years	☐	☐	☐	☐	☐
Tendon Xanthomas					
Digital extensor tendons	☐	☐	☐	☐	☐
Elbows	☐	☐	☐	☐	☐
Pretibial	☐	☐	☐	☐	☐
Dorsum of feet	☐	☐	☐	☐	☐
Achilles tendon	☐	☐	☐	☐	☐
Grading of tendon xanthomas (6,4,2,0)	☐ ☐				
Xanthelasma	☐	☐	☐		

Medical History

Is there any pre-existing CV disease to report? yes ☐ no ☐

Condition	Type	Ongoing?			
		yes	☐	Date diagnosed	☐☐/☐☐/☐☐☐☐
		no	☐	Age at diagnosis	☐☐
		yes	☐	Date diagnosed	☐☐/☐☐/☐☐☐☐
		no	☐	Age at diagnosis	☐☐
		yes	☐	Date diagnosed	☐☐/☐☐/☐☐☐☐
		no	☐	Age at diagnosis	☐☐

Does the patient smoke? Y ☐ N ☐ Ex ☐

Simon Broome Criteria outcome

☐ Definite Familial Hypercholesterolaemia

☐ Possible Familial Hypercholesterolaemia

☐ Not Familial Hypercholesterolaemia

Blood sample obtained on _____ attempt using _____ butterfly/ vacutainer from _____

in accordance with Trust ANNT procedure

Number of first degree relatives ☐☐

Number of second degree relatives ☐☐

Are there any relevant medical history/current conditions to report? yes ☐ no ☐

Relationship	Condition	Ongoing?			
		yes	☐	Date diagnosed	☐☐/☐☐/☐☐☐☐
		no	☐	Age at diagnosis	☐☐
		yes	☐	Date diagnosed	☐☐/☐☐/☐☐☐☐
		no	☐	Age at diagnosis	☐☐
		yes	☐	Date diagnosed	☐☐/☐☐/☐☐☐☐
		no	☐	Age at diagnosis	☐☐

Dutch Lipid Score

Section A ☐

Section B

Section C ☐

Section D ☐ **Total** ☐☐

Outcome

1 No genetic testing recommended ☐

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2 Short genetic test requested ☐

3 Full sequencing requested ☐

4 Further information required: ☐

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Signed **Date** ☐☐/☐☐/☐☐☐☐

…… D D M M Y Y

Designation

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