**Recording Family History of Premature Cardio/Cerebro Vascular Disease**

**Why?**

* To identify whether a patient has a higher risk for a disease and may benefit from genetic testing
* To provide early warning signs of developing a disease
* To help a health care practitioner recommend options to reduce a patient’s risk of disease (investigations and/or treatment)
* Recommended in NICE clinical guideline 18/07/2014 CG181

**What?**

* Premature coronary heart disease and cerebrovascular disease:
	+ heart attacks (NSTEM & STEMI), strokes, mini strokes (TIAs), angina in blood relatives: Females <60 years of age.
* Age at time of onset of event and/or disease
* Age at death and cause of death
* Type of disease and/or event
* Type of relative:  first or second degree (first degree – children, parents, sibling i.e. brother/sister; second degree – grandchildren, grandparents, nephews/nieces, aunts/uncles, half-brother/sister)
* Document whether no known biological relatives/ adopted in
* Document whether family history reviewed and changed/unchanged
* Record whether any genotyping completed?

**How?**

* Ask patient to complete a family history form and upload
* Telephone consultation by non-clinical staff
* Opportunistically by all staff

**Who?**

* Patients over 40 years of age
* Common errors:
* Family history recorded when related to stepfamily or adoptive family
* Family history of ischaemic heart disease recorded when relative has cardiovascular risks such as hypertension
* Not stated whether family history is verified/ unverified