



Familial Hypercholesterolemia Patient referral form

Name of Referring Doctor: _____ Contact No.: _____

Healthcare Institution / Clinic: _____

You may wish to keep a copy of the patient's signed consent and information provided for your own records.

Personal lipid levels	Levels	Units	Date
Pre-treatment (or highest) Total Cholesterol*		mg/dl or mmol/l	
Corresponding HDL*			
Pre-treatment (or highest) LDL*			
Corresponding Triglycerides*			
Latest Total Cholesterol		mg/dl or mmol/l	
Corresponding HDL			
Latest LDL			
Corresponding Triglycerides			

**Mandatory to fill in*

Clinical history	Please select as appropriate	Age of onset/ Remarks
Coronary Heart Disease	Yes / No	
Cerebrovascular/peripheral vascular disease	Yes / No	
Hypothyroidism	Yes / No	
Nephrotic syndrome	Yes / No	
Diabetes	Yes / No	

Family History	Please select as appropriate	Age of onset	relationship to patient
Coronary Heart Disease	Yes / No		
Known cholesterol levels			

Medication	Please select as appropriate	Type and Dose
Statins	Yes / No	
Fibrates	Yes / No	
Ezetimibe	Yes / No	
Others	Yes / No	

Physical examination	Please select as appropriate	Age first observed
Tendinous xanthomata	Tendon/Planar	
Xanthelesma	Yes / No	
Arcus cornealis	Yes / No	

Patient Particulars and Consent for Referral

Patient Name: _____ Contact Number: _____

Email Address: _____

Familial hypercholesterolemia (FH) is an inherited high cholesterol condition that runs in families. Your doctor has detected some signs in you that are suggestive of FH, and would like to refer you to FHCARE for further evaluation.

FHCARE (FH Case identification, Assessment and Reduction in adverse Events) is a national initiative in Singapore dedicated to increasing detection and timely diagnosis and treatment of FH, through screening of family members of people with FH.

I hereby acknowledge that:

I consent to the release of my personal and medical information to FHCARE. I understand that they may contact me regarding my own treatment plan and/or research studies relevant to familial hypercholesterolemia (FH).

FHCARE is also involved in research studies that are relevant to FH. However, by providing consent for referral, you are not agreeing to participate in these research studies. A separate consent will be taken after they have been described and explained to you.

The release of your personal and medical information shall be used for the purposes of FHCARE only. Should you wish not to be contacted or to have your data destroyed at any point of time, please kindly contact us at (+65) 6602 2346 / 9674 5167 / 9825 9793 or email to cholesterol.info@ktp.com.sg.

Name and Signature (Patient)

Date

Name and Signature (Consent Taker)

Date