Need Help Filling out the FH Patient Registry?

Your health care provider may have suggested you join the FH Patient Registry. If you have been diagnosed with FH (familial hypercholesterolemia) or suspect you may have it, it is important for you to register at www.thefhfoundation.org. Click on “Cascade FH Registry.” The purpose of this registry is to collect information that can help researchers and then lead to improved care and a longer and better life for people with FH. The FH Foundation and the FH Patient Registry are not affiliated with the Foundation of the National Lipid Association.

To assist you in filling out the online patient registry form, you will need the following information from your health care provider. Take this card to your next appointment and ask your provider to help fill in this information.

**Date of exam:** __________ mm/dd/yyyy

**Blood pressure:**
- Systolic: ______
- Diastolic: ______

**Exams and Labs:**
- Height: ______
- Weight: ______
- Total cholesterol: ______
- LDL: ______

**Your Health Care Provider:**
- First Name: ________________________________________________
- Last Name: ________________________________________________
- Office Name: ______________________________________________
- Street Address: _____________________________________________
- City: __________________ State: _____ Zip code: ______
- Telephone: __________________ Fax: _______________________

The Foundation of the National Lipid Association is pleased to provide this simple worksheet to assist you in signing up for the FH Patient Registry. For more information on FH or cholesterol issues, go to www.learnyourlipids.com.

To register go to www.thefhfoundation.org