



Patient Referral for Hereditary Pancreatitis Genetic Testing

Patient details:

Name: _____

Sex: _____ DOB: _____

Clinical history:

- a) Age at **onset** of abdominal symptoms _____ years.
- b) Number of episodes of acute pancreatitis _____.
- c) Symptomatology checklist:
 - Abdominal pain _____
 - Vomiting _____
 - Elevated serum amylase _____
 - Plasma C-Reactive Protein conc. _____
 - Plasma lipase conc. _____

Family history:

- a) History of pancreatitis in first-degree relatives _____
Number of first-degree relatives affected _____
 - b) History of pancreatitis in second-degree relatives _____
Number of second-degree relatives affected _____
- Is there any family history of genetic disorders that can result in pancreatic dysfunction (e.g. Cystic fibrosis)?
