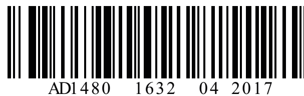
Eastern Health

Provincial Medical Genetics Program

Provincial Medical Genetics Referral

Please fax referrals to: (709) 777-4190

INCOMPLETE/ILLEGIBLE FORMS WILL BE RETURNED



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Name:

HCN:

Date of Birth:

Telephone: ______________________________

Patient to be seen as: ☐ Outpatient ☐ Inpatient (location: ____)

If child, is CSSD involved? ☐ No ☐ Yes Name of social worker: ____

Social worker's telephone: ______________________

Date of referral:____DD/MONTH/YYYY____

Referring physician/health care provider's name: ________________________________

Referring physician/health care provider's signature: ______________________________

Address: ____

____

Telephone: ______________________________ Fax: ______________________________

Interpreter needed? ☐ No ☐ Yes (language: ____________________)

Pregnant? ☐ No ☐ Yes (Last menstrual period (LMP): ______________________________)

Reason for referral:

*If available, please forward relevant consults, reports and tests.

Has a family member previously been seen by Medical Genetics? ☐ No ☐ Yes

If yes, name of relative previously seen: ____________________________ Relationship: ____________________

Location seen (province, country): ________________________________ Pedigree (PED) number: ___________

Attach genetic report and/or genetic counselling letter, if available.

Referral process:

- Following receipt of referral, a family history questionnaire will be sent to your patient unless their family has already been seen or if this is an inpatient consultation/urgent referral.
- Depending on the reason for referral, a completed family history form may be required for further assessment.
- Genetic testing may or may not be offered in the course of a genetics consultation depending on your patient's eligibility and/or the availability of testing for the condition being assessed.

To inquire about a referral, please contact us at (709) 777-4363. The wait-time for a genetic assessment can be significant. Your patient will be contacted directly when an appointment becomes available. Referrals are prioritized based on urgency. **Please notify us if your patient's condition changes.**