

FAMILIAL CANCER GENETICS REFERRAL

2200 Eglinton Ave W Mississauga, ON L5M 2N1
PH: 905-813-4104 Fax: 905-813-4347

Some referrals might be declined based on referral criteria.
Your office will be contacted with the appointment date

Last Name: _____ First Name: _____

Date of Birth (DD/MM/YYYY): ____/____/____

Health card #: _____

MRN #: _____

CSN #: _____

Affix patient encounter label here/complete all fields if label not available.

PATIENT DEMOGRAPHICS

Last Name: _____ First Name: _____ Date of Birth (DD/MM/YYYY): ____/____/____

Health Card #: _____ Legal Sex: Female Male Non-Binary Unknown X

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone number: _____ Mobile number: _____ Email Address: _____

Parent/Guardian: _____ Interpreter Needed: No Yes Language _____

REFERRAL REASON

REASON FOR REFERRAL: _____

IS THIS PATIENT HAVING MAINSTREAM GENETIC TESTING ORDERED BY YOUR OFFICE? NO YES

Does this patient's appointment need to be expedited (appointment within 4-6 weeks)? NO YES

If yes, please indicate the reason:

Genetic test result required for active treatment/management decisions

Please specify date of surgery _____

End of life/short term palliative care

Other: _____

CLINICAL INFORMATION

PATIENT INFORMATION

Has the patient been diagnosed with cancer? NO YES (if yes, please include a copy of the pathology report)

Type of Cancer _____ Age of diagnosis _____

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FAMILY INFORMATION

Has anyone in the patient's family been diagnosed with cancer or had genetic testing for a hereditary cancer predisposition syndrome. If so, please complete the information below:

Relationship to patient	Cancer diagnosis(es)	Age(s) of onset	Genetic test result

REFERRING HEALTH CARE PROVIDER

Name of Referring Provider (Last Name, First Name- as listed in CPSO): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone number: _____ Fax number: _____ CPSO #: _____ Billing (OHIP) #: _____

Signature: _____ Date: _____

Please fax this completed form AND documentation to Clinical Genetics at 905-813-4347

