

Genetics Clinic Referral

Phone: 905-433-2733 Fax: 905-721-6122

PATIENT DEMOGRAPHICS	REFERRING PHYSICIAN	
Name:	Name:	
DOB (DDMMMYYYY): VC:	Address:	
OHIP# VC:	l elephone #:	
Address:	Fax#:Physician Billing #:	
Home Phone:	Signature:	
Alternate Phone:	If this referral is URGENT, please specify why:	
For minor nationts, places provide name of		
For minor patients, please provide name of parent(s)/legal guardian(s):		
□ PRENATAL REFERRAL (MUST	Will an interpreter be required: \square YES \square NO If yes, please specify language:	
INCLUDE LMP/DATING ULTRASOUND)	Please provide additional details/relevant	
(Please attach antenatal records, ultrasound reports, prenatal lab results, screening reports)	family history regarding this referral:	
LMP: DDMMMYYYY:		
Late maternal age/Prenatal screeningPositive prenatal screen		
Fetal ultrasound anomaliesFamily history of genetic condition or birth defect		
☐ GENERAL REFERRAL		
(Please provide details on the right and attach all relevant records/consult notes)		
Is this patient clinically affected? ☐ No ☐ Yes		
 □ Pediatric assessment □ Assessment for adult onset disorders 		
☐ Genetic counselling: family history of genetic conditions or birth defects		
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☐ HEREDITARY CANCER REFERRAL		
(see page 2 for referral criteria)		
Does the patient have a personal history of		
cancer? □No □Yes (please attach pathology) Type		
Age at Diagnosis:		
Has a mutation been identified in the family? ☐ No ☐ Yes		
Which gene?		



^{**}Incomplete or illegible forms will be returned**

^{**}Please include all relevant medical records to allow efficient booking**

LAKERIDGE HEALTH CLINICAL GENETICS: HEREDITARY CANCER REFERRAL CRITERIA

** Please check all that apply. Cancers must be present on the same side of the family **

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н	HEREDITARY BREAST AND OVARIAN CANCER (HBOC):	
	· · ·	
	J HBOC associated cancers in family (especially if diagnosed under age §	•
	>3 relatives diagnosed with breast, ovarian, pancreatic, prostate	cancer or melanoma OR
	>2 relatives with breast cancer OR	
_	Personal or family history of serous ovarian cancer	
	D Breast cancer diagnosed under 35 years of age	
	Triple negative breast cancer diagnosed under 60 years of age	
	Distance of the second of the	
	Breast/Ovarian cancer in Ashkenazi Jewish women	
	Male breast cancer	CLIEVA) in the family
	 I Known mutation in a breast/ovarian cancer related gene (e.g. BRCA1/2) I Previously tested negative for BRCA1/2 – for consideration of additional 	•
	Assessment for eligibility for OBSP High–Risk Breast Screening	parier/gene testing
	Assessment for eligibility for OBSF Tright-INSK Breast Screening	
HI	HEREDITARY COLORECTAL CANCER (Lynch Syndrome, Polyposis)	:
	Individual with colorectal or uterine cancer diagnosed under 70 years old	d
	Individual with 10 or more colorectal polyps	
	Multiple cases of colorectal cancer in the family	
	J Family history suggestive of Lynch Syndrome ≥3 relatives with colorecta	al, endometrial, pancreatic,
	ovarian, kidney, urinary tract, small bowel, gastric and brain cancers	
	Family history suggestive of hereditary polyposis	
	I Known hereditary colorectal cancer (e.g. MLH1, MSH2, MSH6, PMS2, E	EPCAM) or polyposis (e.g. APC
	MutYH) gene mutation in family	
Ο.	OTHER HEREDITARY CANCERS (Exclusions: lung and cervical cancer):	
	I A family history of a known hereditary cancer syndrome. Please provide	e details on page 1
	Individual diagnosed with more than one primary cancer	
	Prostate cancer: metastatic prostate cancer or prostate cancer < age 55	with Gleason score >7

Please note: We will triage the referral and notify your office of the decision regarding eligibility. We suggest informing your patient that their family history will be evaluated to determine if there is a need for an appointment. Genetic testing is offered only to families that are suggestive of a hereditary cancer syndrome, and in most cases will be offered to a family member affected with cancer first **If you are uncertain whether an individual/family history will meet criteria, please refer.**

☐ Multiple family members with the same cancer or rare cancers, especially if diagnosed under age 50