Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est de l'Ontario

401 Smyth Road
Ottawa, ON, K1H 8L1
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www.cheo.on.ca

Please provide PATIENT INFORMATION including name, DOB, address, phone number and Health Card number

GENETICS REFERRAL FORM

REFERRING HEALTHCARE PROVIDER (please PRINT)

_____ _____
Physician name Physician number

_____
Physician Address City Postal Code

Telephone No. (____) _____ Fax No. (____) _____

☐ **GENERAL GENETICS** ☐ **NEUROGENETICS** ☐ **CARDIOGENETICS**
☐ **PRENATAL** ☐ **HEREDITARY CANCER (see over)**

Reason for Referral:_____

PLEASE INCLUDE ANY RELEVANT MEDICAL REPORTS AND/OR TEST RESULTS FOR THIS PATIENT AND/OR THEIR AFFECTED FAMILY MEMBER.

PRENATAL REFERRALS ONLY

Please include **all** of the following information for the current pregnancy with this referral:

- ✓ **Last Menstrual Period (LMP) date: _____**
- ✓ **All ultrasound reports**
- ✓ **Antenatal records 1 and 2**
- ✓ **Prenatal screening (MSS/IPS) results**
- ✓ **Lab report for blood group (required if CVS or amniocentesis is requested) *and* CBC**
- ✓ **Is this an IVF pregnancy? _____ If yes, was ICSI used? _____**

We will contact your patient to schedule an appointment.

PLEASE CHECK THE BOX BESIDE THE REASON FOR YOUR REFERRAL

RISK FACTORS FOR INHERITED BREAST AND/OR OVARIAN CANCER**

- ☐ Multiple cases of breast cancer (particularly where diagnosis occurred at less than 50 years) and/or ovarian* cancer (any age) in the family - especially in closely related relatives in more than one generation.
- ☐ Age at diagnosis of breast cancer less than 35 years.
- ☐ A family member diagnosed with both breast and ovarian* cancer.
- ☐ Breast and/or ovarian* cancer in Jewish families.
- ☐ Family member(s) with primary cancer occurring in both breasts - especially if one or both cancers were diagnosed before age 50.
- ☐ A family member diagnosed with invasive serous ovarian* cancer.
- ☐ Presence of male breast cancer in the family.
- ☐ Family member with an identified BRCA1 or BRCA2 mutation.
- ☐ Presence of other associated cancers or conditions suggestive of an inherited cancer syndrome.
- ☐ Other: _____

* includes cancer of the fallopian tubes and primary peritoneal cancer

RISK FACTORS FOR INHERITED COLORECTAL CANCER**

- ☐ Multiple cases in the family of the following cancers related to the hereditary non-polyposis colorectal cancer (HNPCC) spectrum, with at least one relative affected with colorectal or endometrial cancer. Age of onset less than 50 years, in closely related relatives and in more than one generation, would raise the index of suspicion.

  NOTE: *Cancers related to the HNPCC spectrum include: colorectal, endometrial, gastric, small bowel, hepatobiliary, pancreatic, ovarian, kidney, ureter, sebaceous carcinoma of the skin and brain cancers.*
- ☐ Age at diagnosis of colorectal cancer less than 35 years.
- ☐ Multiple primary cancers in one family member (see NOTE above for tumour sites).
- ☐ Family member with familial adenomatous polyposis (FAP), or 10 or more adenomatous polyps (suggestive of attenuated FAP).
- ☐ Family member with a colonic adenoma or cancer with high microsatellite instability (MSI).
- ☐ Family member with a known mutation causing either HNPCC or FAP.
- ☐ Other: _____

Referrals for other hereditary cancer syndromes not addressed by these guidelines can also be made to the CHEO Genetics Clinic.

Additional Clinical Information:

_____

_____

_____

*** ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE REFERRAL CRITERIA FOR GENETIC COUNSELLING (NOV. 2001 ONTARIO MEDICAL REVIEW)*