

## GENETICS CLINIC REFERRAL FORM

401 Smyth Road | Ottawa | ON | K1H 8L1 Tel: 613-737-2275 | Fax: 613-738-4822 www.cheo.on.ca

\* NOTE: In order to appropriately triage this referral, please complete the form in its entirety; *incomplete referrals will be declined*.

## Patient label/Information

**REQUIRED:** Name, DOB, current phone number, address and health card number

Patient's e-mail:

<b>Full</b> Physician Name	(REQUIRED - must be legible)		OHIP Billing Number
Physician Address	City	Po	ostal Code
Telephone No. ()		Fax No. (	)
Why are you referring	this patient?		
	ILL RELEVANT MEDICAL REPORT IR AFFECTED FAMILY MEMBER(S		
AND/OR THE  Is your patient or partn		) INCLUDING I	IOW THEY ARE RELATED YES

**FORM No. 2102E** 

**Prenatal genetic counsellor** on-call: 613-737-7600 ext. 3627; **General Genetics** genetic counsellor on-call 613-737-2275 or the **Genetics Resident** on-call at 613-737-7600 ext 0. \*For health care provider use only\*

For referrals to the Hereditary Cancer Team, please see the following website for referral form and criteria.

<a href="http://www.cheo.on.ca/en/Hereditary-Cancer-Program">http://www.cheo.on.ca/en/Hereditary-Cancer-Program</a>

Contact 613-737-7600 ext. 2603 with additional questions

CHEO has launched **EpicCare Link**, a secure web-based portal that allows community providers to electronically refer to CHEO and SickKids as well as have direct access to your patient's CHEO chart.