



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:

Referring health care provider (please PRINT)		
Full Physician Name (REQUIRED – must be legible)		Physician Number
Physician Address	City	Postal Code
Telephone No. (____) _____	Fax No. (____) _____	
Why are you referring this patient?		
PLEASE PROVIDE ALL RELEVANT MEDICAL REPORTS AND/OR TEST RESULTS FOR THIS PATIENT AND/OR THEIR AFFECTED FAMILY MEMBER(S) INCLUDING HOW THEY ARE RELATED		
Is your patient or partner currently pregnant? (please check) NO YES if yes , dating ultrasound or last menstrual period (LMP) are required (LMP: dd/mm/yyyy) _____		
Does your patient require an interpreter? (please check) NO YES if yes , please indicate language _____		
Have a Question? Try the Champlain BASE eConsult Service via www.champlainbaseconsult.com Did you know you can talk to a genetic counsellor or geneticist <i>before</i> referring your patient? Prenatal genetic counsellor on-call pager: 613-598-8421; 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. http://www.cheo.on.ca/en/Hereditary-Cancer-Program 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.		