



IMPORTANT: COMPLETE FORM IN FULL & FAX ALL RELEVANT RECORDS TO 604 875 2825

- | | |
|---|--|
| 1. All relevant reports and consults | 4. Any recent blood or pathology results |
| 2. All developmental/psychological/educational assessment | 5. Imaging reports (ie MRI, x-ray, etc) |
| 3. Chromosome or molecular genetic testing results | 6. Other tests (ie audiology, ERG, EEG, etc) |

**** YOUR PATIENT WILL BE NOTIFIED OF THE APPROXIMATE WAITLIST TIMEFRAME ****

COMPLETE PATIENT INFO

DATE OF REFERRAL _____

_____ (PATIENT SURNAME, FIRST)	_____ (PREVIOUS / MAIDEN NAME)	_____ (DOB: YY/MM/DD)	_____ (AGE)	_____ (PHN)
_____ (ADDRESS)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div> (EMAIL ADDRESS)	_____ (HOME PHONE)	_____ (WORK PHONE)	_____ (CELL PHONE)

COMPLETE FAMILY INFO

_____ (MOTHER'S SURNAME, FIRST)	_____ (PREVIOUS/MAIDEN NAME)	_____ (DOB)	_____ (FATHER'S SURNAME, FIRST)	_____ (DOB)
_____ (RELEVANT FAMILY MEMBER: SURNAME, FIRST)	_____ (DOB)		_____ (RELEVANT FAMILY MEMBER: SURNAME, FIRST)	_____ (DOB)
_____ (PARTNER'S SURNAME, FIRST)	_____ (PREVIOUS / MAIDEN NAME)	_____ (DOB: YY/MM/DD)	_____ (AGE)	_____ (PHN)

Is this referral urgent (needs to be seen within 3 months?)	<input type="checkbox"/> NO	<input type="checkbox"/> YES → <i>please provide info below</i>
Is this referral regarding a current pregnancy?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Does this patient need an interpreter?	<input type="checkbox"/> NO	<input type="checkbox"/> YES: _____ (language)
Have the family or relative been seen in Medical Genetics?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Is this referral to a specific Geneticist?	<input type="checkbox"/> NO	<input type="checkbox"/> YES: _____
Is the patient MRSA Positive?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

REASON FOR REFERRAL

<p>REFERRING DOCTOR :</p> <p>BILLING NO:</p> <p>ADDRESS:</p> <p>PHONE NUMBER:</p> <p>FAX NUMBER:</p>	<p>OTHER DOCTOR:</p> <p>BILLING NO:</p> <p>ADDRESS:</p> <p>PHONE NUMBER:</p> <p>FAX NUMBER:</p>
---	--