

Patient Information:

Patient name: _____ Guardian (if applicable): _____
Patient date of birth: _____ Patient email address: _____
Patient phone number: _____ Patient zip code: _____
Patient address: _____
Patient preferred language:
 English Spanish Chinese ASL French Other: _____

Patient Insurance Information:

Insurance carrier: _____ Member ID: _____
Subscriber name: _____

Referring Provider Information:

Referring Provider: _____ Role: PCP Specialist
Credentials: _____ Other: _____
Address: _____ Zip code: _____
Phone number: _____ Fax number: _____

Reason for Referral: _____

- Genetic Counseling (family history/reproductive/screening/other)
- Neurodevelopmental disorders (autism/developmental delay/intellectual disability/other)
- Movement Disorder (dystonia/cerebral palsy/ataxia/other)
- Neuropathy (motor/sensory/autonomic)
- Epilepsy
- Cardiomyopathy (hypertrophic/dilated/other)
- Ocular (optic atrophy/cataracts/retinitis pigmentosa/other)
- Abnormal Test Results (abnormal brain imaging/acidosis/hypoglycemia/rhabdomyosis/other)

Is this patient aware of the reason they are being referred to genetics?

- Yes No Unsure

Was the patient provided with an "Introductory Patient Information" sheet?

- Yes No Unsure

Suggested records to include with referral:

- PCP and Specialist notes

Laboratory Studies:

- Metabolic screening labs
- Previous genetic results
- Routine screening labs
- Pathology reports

Physiologic studies:

- ECG, EEG, EMG
- echocardiogram

Imaging Studies:

- MRI or CT scans
- Radiographs
- Ultrasounds