



Phone: 303-832-7109
Fax: 833-991-3554
Email: referrals@sequencemd.com
Website: sequencemd.com
Address: 1601 E 19th Ave, STE 6450
 Denver, CO 80218

Patrick Long, MD – Chelsie Hollas, MD – Hilary Weingarh, PA-C
 Rebeca Venezia, CGC – Erin Jahahn, CGC

Patient Information:

Patient name: _____ Guardian (if applicable): _____
 Patient date of birth: _____ Patient email address: _____
 Patient address: _____
 Patient phone number: _____ Patient legal sex: male female
 Patient preferred language: Patient gender (if different than legal sex):
 English Spanish male female
 Other: _____ gender non-conforming 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)
- Abnormal Test Results (abnormal brain imaging/acidosis/hypoglycemia/rhabdomyosis/other)
- Connective tissue disorder (hypermobility/Ehlers Danlos Syndrome/other)

Is this patient aware of the reason they are being referred to genetics?
 Yes No Unsure

PLEASE INCLUDE ANY PREVIOUS GENETIC TESTING RESULTS WITH REFERRAL

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