



Patrick Long, MD | Warren Stopak, DO | Hilary Weingarth, PA-C | Rebeca Venezia, CGC | Erin Jahahn, CGC

PATIENT INFORMATION

Patient Name _____ Patient Guardian (if applicable) _____
Patient Date of Birth _____ Patient Email _____
Patient Address _____
Patient Phone _____
Patient Preferred Language ☐ English ☐ Spanish ☐ Other
Patient Legal Sex ☐ Male ☐ Female | Patient Gender (if different than legal sex) ☐ Male ☐ Female ☐ Gender Non-Conforming ☐ Other

PATIENT INSURANCE INFORMATION

Insurance Carrier _____ Member ID _____
Subscriber Name _____

REFERRING PROVIDER INFORMATION

Referring Provider _____ Role ☐ PCP ☐ Specialist ☐ Other
Credentials _____
Address _____ Zip Code _____
Phone _____ Fax Number _____

Reason for Referral (Check all that apply.)

- | | | | |
|---|---|---|--------------------------------|
| <input type="checkbox"/> Genetic Counseling
(Family History/Reproductive/
Screening/Other) | <input type="checkbox"/> Neuropathy
(Motor/Sensory/Autonomic) | <input type="checkbox"/> Abnormal Test Results
(Abnormal Brain Imaging/
Acidosis/Hypoglycemia/
Rhabdomyosis/Other) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Neurodevelopmental Disorders
(Autism/Developmental Delay/
Intellectual Disability/Other) | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Connective Tissue Disorder
(Hypermobility/Ehlers Danlos
Syndrome/Other) | |
| <input type="checkbox"/> Movement Disorder
(Dystonia/Cerebral Palsy/
Ataxia/Other) | <input type="checkbox"/> Cardiomyopathy
(Hypertrophic/Dilated/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 (CHECK ALL THAT APPLY.)

Suggested records to include with referral:

☐ PCP and Specialist Notes

PHYSIOLOGIC STUDIES ☐ ECG ☐ EEG ☐ EMG

LABORATORY STUDIES ☐ Metabolic Screening Labs ☐ Previous Genetic Results ☐ Routine Screening Labs ☐ Pathology Reports

IMAGING STUDIES ☐ MRI or CT Scans ☐ Radiographs ☐ Ultrasounds

PHONE 303.832.7109 | FAX 833.991.3554
info@sequencemd.com
referrals@sequencemd.com

SequenceMD.com
1601 E 19th Ave, STE 6450
Denver, CO 80218