



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

Genetic Counseling (Family History/Reproductive/Screening/Other)  Neuropathy (Motor/Sensory/Autonomic)  Abnormal Test Results (Abnormal Brain Imaging/Acidosis/Hypoglycemia/Rhabdomyosis/Other)  Other  
 Neurodevelopmental Disorders (Autism/Developmental Delay/Intellectual Disability/Other)  Epilepsy  Connective Tissue Disorder (Hypermobility/Ehlers Danlos Syndrome/Other)  
 Movement Disorder (Dystonia/Cerebral Palsy/Ataxia/Other)  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

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