Lakeridge Health

## Genetics Clinic Referral

Phone: 905−433−2733 Fax: 905−721−6122

**Incomplete or illegible forms will be returned**

**Please include all relevant medical records to allow efficient booking**

### PATIENT DEMOGRAPHICS

Name:_____ ❒M ❒F
DOB (DDMMYYYY): _____
OHIP# _____ VC: ____

Address: _____
_____
Home Phone: _____
Alternate Phone: _____

For minor patients, please provide name of parent(s)/legal guardian(s): _____
_____

### REFERRING PHYSICIAN

Name: _____
Address: _____
Telephone #: _____
Fax#: _____
Physician Billing #: _____

Signature: _____

**If this referral is URGENT, please specify why:**

_____
_____

Will an interpreter be required: ☐ YES ☐ NO
If yes, please specify language: _____
_____

### ❒ PRENATAL REFERRAL (MUST INCLUDE DATING ULTRASOUND)

(Please attach antenatal records, ultrasound reports, prenatal lab results, screening reports)

LMP: DDMMYYYY: _____

❒ Late maternal age/Prenatal screening
❒ Positive prenatal screen
❒ Fetal ultrasound anomalies
❒ Family history of genetic condition or birth defect

### ❒ GENERAL REFERRAL

(Please provide details on the right and attach all relevant records/consult notes)

Is this patient clinically affected? ❒ No ❒ Yes
❒ Pediatric assessment
❒ Assessment for adult onset disorders
❒ Genetic counselling: family history of genetic conditions or birth defects

### ❒ HEREDITARY CANCER REFERRAL

(see page 2 for referral criteria)

Does the patient have a personal history of cancer? ❒No ❒Yes (please attach pathology)
Type _____
Age at Diagnosis: _____

Has a mutation been identified in the family?
❒ No ❒ Yes
Which gene? _____

Please provide additional details/relevant family history regarding this referral:

## LAKERIDGE HEALTH CLINICAL GENETICS: HEREDITARY CANCER REFERRAL CRITERIA

***** Please check all that apply. Cancers must be present on the same side of the family *****

### HEREDITARY BREAST AND OVARIAN CANCER (HBOC):

- ❒ HBOC associated cancers in family (especially if diagnosed under age 50):
  - ≥3 relatives diagnosed with breast, ovarian, pancreatic, prostate cancer or melanoma OR
  - ≥2 relatives with breast cancer OR
  - Personal or family history of serous ovarian cancer
- ❒ Breast cancer diagnosed under 35 years of age
- ❒ Triple negative breast cancer diagnosed under 60 years of age
- ❒ Bilateral breast cancer
- ❒ Breast/Ovarian cancer in Ashkenazi Jewish women
- ❒ Male breast cancer
- ❒ Known mutation in a breast/ovarian cancer related gene (e.g. BRCA1/2, CHEK2) in the family
- ❒ Previously tested negative for BRCA1/2 − for consideration of additional panel/gene testing
- ❒ Assessment for eligibility for OBSP High−Risk Breast Screening

### HEREDITARY COLORECTAL CANCER (Lynch Syndrome, Polyposis):

- ❒ Individual with colorectal or uterine cancer diagnosed under 70 years old
- ❒ Individual with 10 or more colorectal polyps
- ❒ Multiple cases of colorectal cancer in the family
- ❒ Family history suggestive of Lynch Syndrome ≥3 relatives with colorectal, endometrial, pancreatic, ovarian, kidney, urinary tract, small bowel, gastric and brain cancers
- ❒ Family history suggestive of hereditary polyposis
- ❒ Known hereditary colorectal cancer (e.g. MLH1, MSH2, MSH6, PMS2, EPCAM) or polyposis (e.g. APC, MutYH) gene mutation in family

### OTHER HEREDITARY CANCERS *(Exclusions: lung and cervical cancer):*

- ❒ A family history of a known hereditary cancer syndrome. Please provide details on page 1
- ❒ Individual diagnosed with more than one primary cancer
- ❒ Prostate cancer: metastatic prostate cancer or prostate cancer ≤ age 55 with Gleason score >7
- ❒ Multiple family members with the same cancer or rare cancers, especially if diagnosed under age 50

*Please note: We will triage the referral and notify your office of the decision regarding eligibility. We suggest informing your patient that their family history will be evaluated to determine if there is a need for an appointment. Genetic testing is offered only to families that are suggestive of a hereditary cancer syndrome, and in most cases will be offered to a family member affected with cancer first* ***If you are uncertain whether an individual/family history will meet criteria, please refer.***