



## Division of Medical Genetics - Referral Form

**Patient information:**

Full Legal Name (Last, First): \_\_\_\_\_ Birth/Maiden Name: \_\_\_\_\_

Sex assigned at birth: \_\_\_\_\_ Date of birth (DD/MM/YY): \_\_\_\_\_ PHN: \_\_\_\_\_

Pronouns: He/Him She/Her They/Them Other: \_\_\_\_\_ Chosen name: \_\_\_\_\_

**If child, parents/guardians names:** \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Current phone number: \_\_\_\_\_  
Home Work Cell

Will genetics assessment/genetic testing change immediate medical management, family planning, and/or does the patient have limited survivability? No Yes

Has a family member been seen by Medical Genetics or have a known genetic diagnosis? No Yes

If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of affected family member, if different from above: \_\_\_\_\_

**General Referral: All relevant clinical reports and test results must be included with referral.**

Reason: \_\_\_\_\_

**Prenatal Referral: If available, attach all prenatal records and genetic test results.**

Reason for referral: \_\_\_\_\_

LMP: \_\_\_\_\_ or EDC: \_\_\_\_\_

**Cancer Referral: If available, attach relevant clinic notes, pathology reports, screening reports and genetic test results for patient or affected family member.**

Reason for referral: \_\_\_\_\_

**Referring Physician (Please print):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

***Healthy People, Healthy Saskatchewan***

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

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