Genetics Clinic Referral

Lakeridge Health

Phone: 905−433−2733
Fax: 905−721−6122
Email: genetics@lh.ca

Referrals received without relevant medical records may be declined &/or cause a delay in your patient's appointment

PATIENT DEMOGRAPHICS

Name:_____

Sex assigned at birth _____

Gender identity _____

DOB (DDMMMYYYY):_____

HCN _____ VC:____

Address:_____

_____

Home Phone: _____

Alternate Phone: _____

For patient under the age of 18, 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: DDMMMYYYY: _____

❒ Late maternal age/40 years or older at EDD
❒ 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 <u>same</u> side of the family *****

❒ **MULTIPLE CANCERS**: A combination of the same or related cancers on the same side of the family

- 2 or more: breast / ovarian / high risk prostate / pancreatic adenocarcinoma
- 2 or more: breast / gastric
- 2 or more: colorectal / endometrial / ovarian / gastric / pancreatic adenocarcinoma / ureter / renal pelvis / biliary tract / small bowel / brain / sebaceous adenomas / sarcoma
- 2 or more: malignant melanoma / pancreatic adenocarcinoma
- Multiple primary cancers in the same individual

❒ **YOUNG**: Cancer diagnosis at a young age

- Age 50 or younger with a cancer suggestive of Lynch syndrome
  (Colorectal, endometrial, gastric/GE junction, small bowel, pancreas, hepatobiliary, ovarian, renal pelvis/ureter, glioblastoma, sebaceous neoplasm/keratoacanthoma with abnormal mismatch repair immunohistochemistry)
- Age 45 or younger with breast or kidney cancer

❒ **SPECIFIC OR RARE DIAGNOSIS**: Any one of the following cancers

- Ovarian cancer
- Breast cancer: Male breast cancer any age, or triple negative breast cancer at age 60 or younger
- High risk or metastatic prostate cancer
- Pancreatic adenocarcinoma
- Abnormal mismatch repair immunohistochemistry on cancer pathology (suggestive of Lynch syndrome)
- Multiple adenomatous gastrointestinal polyps (10 or more at age 60 or younger, or 20 or more at any age)
- Pheochromocytoma or paraganglioma
- Medullary thyroid cancer

❒ **CANCER GENE CARRIER**: Confirmed hereditary pathogenic/likely pathogenic variant in a blood relative

❒ **ETHNICITY**: Individual with breast, colorectal cancer/polyps, or prostate cancer AND ancestry with higher risk of cancer (e.g. Ashkenazi Jewish)

Where to refer your patient? Your local cancer genetics clinic: Please visit ontariohealth.ca/genetics−clinics or contact us at OH−PGP@ontariohealth.ca to find your local clinic.

How to prepare your patient? Ask you patient to gather: Family history, including age/type or cancer in relatives, and if possible, pathology and genetic test reports.

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.***