Algoma PUBLIC HEALTH
Santé publique Algoma
Website: www.algomapublichealth.com

Genetic Counselling Clinic
GENERAL Referral Form

Telephone: (705) 942-4646 x 3123 • Fax: (705) 759–5789
294 Willow Avenue • Sault Ste. Marie, ON P6B 0A9

Date of Referral: _____ **Is patient/family aware of referral?** Yes ☐ No ☐

Referring Source: _____ **Family Doctor:** _____

Name: _____ **Phone (home):** _____

Street Address: _____ **Phone (cell):** _____

City/Postal Code: _____ _____ **Phone (work/other):** _____

Date of Birth: _____ *(month/day/year)* **OK to leave message at** home ☐ cell ☐ work/other ☐

OHC #: ☐☐☐☐ ☐☐☐ ☐☐☐ **Ver:** ☐☐

Caseworker Involved? Yes ☐ **Name of Caseworker:** _____ **Phone:** _____

Immediate Family Members (names of Partner, Children and Siblings):

Name	Relationship	Date of Birth	Age

Have you or any other family member(s) accessed the Genetic Program? Yes ☐ *Pls. Name:* _____

Diagnosis (reason for referral): _____

Pertinent medical records MUST accompany this referral (e.g. cancer pathology, test results, etc.)

Complete for Prenatal Referrals only

LMP: _____ **EDD:** _____ **Date of Ultrasound:** _____

FOR OFFICE USE ONLY **Patient #:** _____

Pedigree #: ☐☐☐☐☐.☐☐☐

Geneticist or Counsellor: _____ **Date:** _____