Algoma
PUBLIC HEALTH
Santé publique Algoma

Website: www.algomapublichealth.com

Genetic Counselling Clinic
CANCER 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 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:** ☐☐

Immediate Family Members (names of Partner and Children):

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 (referral criteria – *see over*): ______________________

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FAMILY HISTORY of Cancer – Yes ☐ (*please specify*): ______________________

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Please attach supporting documentation: Cancer Pathology ☐ Consult Notes ☐

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

Pedigree #: ☐☐☐☐☐☐.☐☐☐

Geneticist or Counsellor: ______________________ **Date:** ______________________

______________________ ______________________

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