

Genetic Counselling Clinic: <u>CANCER</u> Referral Form

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

Referral Dat	e: Referring Dr:	Family Dr.:
Name:		Date of Birth (yy/mm/dd):
Address:		City / Postal Code:
OHCN#:		Home phone:
Cell:	Work:	Email:
Spouse or Next of Kin:		Spouse or Next of Kin phone:
REASON FOR REFERRAL: Does patient have cancer? If yes, give details (PATHOLOGY REPORT REQUIRED WITH REFERRAL):		
Is referral urgent? Please specify reason: patient palliative surgical/treatment management		
 PLEASE NOTE: Patients will be sent a Family History Questionnaire (FHQ) which will be reviewed by a genetic counsellor. Due to the high volume of referrals we <u>may decline</u> to see your patient if upon review of the returned FHQ the criteria below are not met. (Females, ages 30-69 who meet OBSP referral criteria should be referred directly through the OBSP-High Risk Program). CHOOSE ALL REFERRAL CRITERIA THAT APPLY: 		
 Personal a Brea Trip Bila Ova Bott Mali HBC 	nd/or family history in close relatives of one or more of the ast cancer at ≤ 35 years. le negative breast cancer at ≤ 60 years. teral breast cancer, especially if one or both was diagnosed rian cancer at any age. In breast cancer and ovarian cancer at any age in the same be breast cancer at any age. DC-related cancers at any age and Ashkenazi Jewish ance tiple cases of HBOC-related cancers* on the same side of	 syndrome)-related cancers include: breast (particularly when diagnosed ≤ 50), ovarian, pancreatic and prostate (Gleason ≥ 7 score). ≤ 50 years. **LS (Lynch syndrome)-related cancers include: colorectal, endometrial, gastric, ovarian, pancreas, ureter and renal pelvis, biliary tract, brain, small intestinal cancers and sebaceous adenomas.
 ➢ Personal and/or family history in close relatives of one or more of the following: ≥ 10 adenomatous colon polyps. Colon cancer or endometrial cancer at ≤ 50 years. Two cases of colon cancer and/or endometrial cancer at ≤ 60 years. Multiple primary LS-related cancers** in the same person, especially if one of both was diagnosed ≤ 50 years. Multiple cases of LS-related cancers** on the same side of the family – describe cancer history: 		
> Family member with a known mutation in a cancer susceptibility gene (i.e. BRCA1, BRCA2, MLH1, MSH2, MSH6, TP53, etc)		
Specify gene and mutation: (attach report if available) Relative's name:Relationship to patient:		
Other personal or family history suggesting inherited pattern of cancer – describe cancer history:		
FOR OFFICE USE ONLY Patient #:		
Pedigree #:		
Geneticist or Date:		