

# Cancer Genetics Referral Form

Please fax this completed form and the checklist items to 253-403-3555, Attention: Karen/Eka

## Patient Information

Patient name:

Date of Birth:

Preferred contact number:

Interpreter:  No  Yes, language :

## Referring Provider Information

Date of referral:

Provider:

Phone:

Fax:

## Reason for Referral

Relative with confirmed genetic mutation. Gene: Relationship to patient:

Personal history of cancer(s):

Family history of cancer(s):

Urgent referral:  No  Yes, reason for urgency:

## Checklist

Please include:

- |  |   |
|--|---|
| <input type="checkbox"/> Patient demographics page | <input type="checkbox"/> Genetic testing reports for patient/family members |
| <input type="checkbox"/> Copy of insurance card    | <input type="checkbox"/> Relevant pathology reports                         |
| <input type="checkbox"/> Relevant chart notes      | <input type="checkbox"/> Colonoscopy reports                                |

Consults, imaging studies and labs done through MultiCare do not need to be forwarded as we can access those through EPIC.

**If your patient needs to be seen sooner** than routine next available or you have a general question, please email [GeneticsReferrals@Multicare.org](mailto:GeneticsReferrals@Multicare.org). Please, this is for providers and staff only, not patients. If you have an extremely urgent matter, please call 253.403.3476, select option 2, (Please note this will page the on-call physician) and enter a call back number and record a secure voicemail message.

**Patients and staff may call 253-403-6399 or 253-403-3306 to make an appointment.**