


## HEREDITARY CANCER GENETICS REFERRAL FORM

Please complete this form and return via FAX to one of the following locations:

**Hartford Hospital**  
  
 Helen & Harry Gray Cancer Center  
 80 Seymour Street  
 Hartford, CT 06102  
 Attn: Cancer Genetics  
 Ph: (860) 972-6000  
**Fax: (860) 545-1118**

**The Hospital of Central Connecticut**  
  
 George Bray Cancer Center  
 183 North Mountain Road  
 New Britain, CT 06053  
 Ph: (860) 827-4185  
**Fax: (860) 223-0121**

**MidState Medical Center**  
  
 Medical Oncology  
 435 Lewis Avenue, #220  
 Meriden, CT 06451  
 Ph: (203) 238-7747  
**Fax: (203) 686-0282**

Cancer genetic counseling is available at the Hartford HealthCare Cancer Institute. The following patient has been informed that they will be contacted to schedule a cancer genetics appointment:

Patient Name:		DOB:
MRN:		ICD-10:
Address:		
Home #:	Work #:	Cell#:
Primary Insurance:		Policy #:

**\*Do the results of genetic testing impact upcoming & scheduled treatment?\***  Yes  No  
 For routine referrals, please check "No." If "Yes," estimated date needed by: \_\_\_\_\_

Name of Referring Provider:			
Phone #:		Fax #:	
<b>Order Request:</b> Perform the following test(s), as appropriate, after genetic counseling:			
<input type="checkbox"/> BRCA1 & BRCA2	<input type="checkbox"/> Any, as appropriate, at counselor's discretion		
<input type="checkbox"/> Lynch syndrome	<input type="checkbox"/> Known mutation in family (gene: _____)		
<input type="checkbox"/> FAP/MAP (# of colon polyps: _____)	<input type="checkbox"/> Other: _____		
_____ Signature of Referring Provider		MD / DO / APRN (circle appropriate)	_____ Date
_____ Time			
Additional Notes:			

<i>For Genetics Office use only:</i>	
<input type="checkbox"/> Patient called on: _____ Date Date Date	<input type="checkbox"/> <b>APPOINTMENT</b> Date: _____ Time: _____ GC: _____
<input type="checkbox"/> <b>NO APPOINTMENT:</b>	<input type="checkbox"/> Scheduled by: _____
<input type="checkbox"/> Patient declined	<input type="checkbox"/> Welcome packet sent
<input type="checkbox"/> Unable to reach / patient did not call back	<input type="checkbox"/> Patient on cancellation list for a sooner appt
<input type="checkbox"/> Patient made appt but cancelled / no showed and did not reschedule	<input type="checkbox"/> Ref. provider notified via phone / fax on: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>APPT RESCHEDULED</b>
<input type="checkbox"/> Ref. provider notified via phone / fax on: _____	NEW APPT Date: _____
	Time: _____ GC: _____