Juravinski Hospital and Cancer Centre

CANCER GENETICS CLINIC
Juravinski Cancer Centre- 699 Concession Street
Hamilton, Ontario L8V 5C2
T: 905-387- 9711 Ext.64636 F: 905-575-6379
Email: cancergenetics@hhsc.ca
NEW REFERRALS: F: 905-575-6316

REFERRAL FOR CANCER GENETICS CONSULTATION

PATIENT INFORMATION ***(or affix patient label)***

NAME:_____ **D.O.B.** _____

Mailing Address: _____

_____

Telephone #: _____

Health Card Number _____

REASON FOR REFERRAL:_____

Has the patient been diagnosed with cancer? NO ☐ YES ☐
Please specify:_____ _____

FAMILY HISTORY *(please attach second page if needed)*

Name (if available) and relationship to patient (i.e. Jane Doe, paternal aunt)	**Primary site** (i.e. breast)	**Age at diagnosis**

REFFERING PHYSICIAN _____

Telephone#_____ **Fax #** _____

SIGNATURE:_____

For more information about our clinic and the referral process please visit our website:
hamiltonhealthsciences.ca/cancergenetics

Revised: November 2020