GENETICS & METABOLICS CLINIC

1S, McMaster Site - Hamilton Health Sciences
1200 Main Street West, Hamilton ON L8S 4J9
Phone - 905-521-5085 Fax – 905-521-2602

REFERRAL FORM

REFERRAL DATE: _____

PATIENT INFORMATION		**REFERRING PHYSICIAN INFORMATION**
PATIENT NAME:		REFERRING PHYSICIAN:
DOB:	GENDER:	PHYSICIAN SPECIALTY:
HEALTH CARD:		PHONE: FAX:
ADDRESS:		ADDRESS:
PHONE NUMBER:		BILLING NUMBER:
EMAIL:		
INTERPRETER NEEDED: ☐ YES ☐ NO LANGUAGE:		FAMILY PHYSICIAN(If Different From Above):

PLEASE NOTE: ★ Incomplete/ illegible referral will be returned ★ Some referrals may be declined based on referral criteria
★ Please attach all relevant clinical notes and investigations

PROGRAM: ☐GENETICS ☐ METABOLICS
URGENCY: ☐URGENT ☐ NON-URGENT

REASON FOR REFERRAL:

Clinical History/Symptoms:

Relevant Family History?

Has a family member been seen in our clinic? Yes/No, IF yes please include family member's DOB and name.

Genetic testing in family member? Yes/No, IF yes please specify/attach.

ADDITIONAL INFORMATION (Please check all that apply)	Y N	**DOCUMENTATION REQUESTED (Please send all reports)**
1. Is this patient pregnant?	☐ ☐	LMP: ☐ Ultrasound if available
2. Query Marfan Syndrome or Personal history of aortic dilatation or dissection.	☐ ☐	**REQUIRED**: Echocardiogram Ophthalmology/optometry consult
3. History of developmental regression or abnormal brain MRI.	☐ ☐	MRI done ☐ Yes ☐ No
4. Personal history of developmental delay? Chromosome Microarray done? Fragile X testing done?	☐ ☐ ☐ ☐ ☐ ☐	☐ Microarray report ☐ Parent testing (arrange/send report) ☐ Fragile X report
5. Short stature/skeletal concerns	☐ ☐	☐ Skeletal survey

PLEASE SEE ALTERNATIVE SERVICE FOR:

- Recurrent miscarriage (order karyotype and refer to fertility clinic)
- Malignant Hyperthermia with **NO** known familial mutation (refer to Malignant Hyperthermia clinic)
- Diagnostic work-up for hemophilia (refer to hemophilia clinic)
- Diagnostic work-up for hemochromatosis/iron overload (refer to hematology)
- Pregnant patients for assessment of late maternal age, ultrasound findings, prenatal screening results (refer to prenatal diagnosis clinic)
- Family history of cancer or diagnostic work-up of cancer syndrome (refer to Juravinski cancer clinic)
- Adult assessment for Ehlers Danlos syndrome, hypermobility subtype (refer to EDS clinic at Toronto General Hospital)

Please fax your referral and all relevant documentation to the Genetics & Metabolics clinic at 905-521-2602
1S, 1200 Main Street West, Hamilton, Ontario, L8N 3Z5 Phone: 905-521-5085