



GENETIC COUNSELING AND TESTING REFERRAL FORM

FAX TO: HealthEast Cancer Care, ATTN: Genetics Clinic

FAX: 651-326-7050

HealthEast is committed to providing genetic counseling and testing services for hereditary cancer or cardiac risk. If you would like your patient to receive this service, please complete this form and fax to the number above. We will contact your patient to schedule their visit.

Provide risk assessment and offer/coordinate genetic testing as appropriate for:

PATIENT NAME: _____ **Date of birth:** _____

Patient Address: _____

PATIENT DAYTIME PHONE: _____

Date of Referral: _____

REFERRING PROVIDER: _____ **NPI:** _____

Clinic Name: _____

Clinic Phone: _____ **Clinic Fax:** _____

REFERRING PROVIDER'S SIGNATURE: _____

PERSONAL OR FAMILY HISTORY PROMPTING REFERRAL:

URGENT Surgery Type/Date (if known): _____

**Appointments reserved for patients for whom genetic test results may impact immediate medical decision-making, such as those pending surgical cancer treatment.*

Comments: _____

If you have questions regarding whether referral is appropriate or wish to speak with a genetic counselor directly, you may contact Rachel Riesgraf, MS, CGC @ 651-326-7610.

*Appointments available at St. John's Hospital and Woodwinds Health Campus



2265