InformedDNA®
Genetics, Decoded.

Cancer Genetic Counseling Referral

FORM FILLING DATE:____ ____ ________

1 Patient Information* *(*all fields are required. Mark "No Email" if the patient does not have email.)*

Name:______________________________ Date of Birth:___ ___ ______

PREFERRED Phone:________________ OTHER Phone:________________ E-mail:________________

Surgery Pending date:___ ___ ______

Language Interpreter Needed?: ☐ Spanish ☐ Other ____________

2 Billing

☐ Bill to Patient Insurance
* In-network only.

☐ Other (Please Explain)____________

3 Reason for Referral

Personal and/or family history of cancer. List only patient's primary diagnosis, but all family history.

PATIENT	FAMILY MEMBER		PATIENT	FAMILY MEMBER	
☐	☐	Breast	☐	☐	Melanoma
☐	☐	Ovarian	☐	☐	Thyroid
☐	☐	Colon	☐	☐	Kidney
☐	☐	Rectal	☐	☐	Urinary Bladder
☐	☐	Uterine (corpus uterus)	☐	☐	Urinary - Other
☐	☐	Pancreatic	☐	☐	Other (please specify) ____________
☐	☐	Stomach			

4 Laboratory Information

Sample collected ☐ Yes Collection date:___ ___ ______ Sample sent to (Lab name):____________

☐ No Lab preferences (If not already collected):____________

InformedDNA considers test quality, cost, and physician preference when selecting a laboratory.

5 Patient Documentation - Fax with Referral

a. Clinical. Please include the following (if performed) ☐ Pathology reports ☐ Patient genetic test results ☐ Family member genetic test results ☐ Test request form **IF SAMPLE COLLECTED**

b. Patient face sheet (Demographics).

c. Insurance documentation. A copy of front and back of the patient's insurance card.

6 Provider Information

____________ Medical Center/Practice

____________ Practice Contact

____________ Phone

____________ Fax

____________ E-mail

____________ Address

____________ City

____________ State

____________ Zip

____________ **Referring Provider**

____________ Fax *(required)*

____________ NPI

____________ Referring Provider's Signature

7 Fax completed form to:

(760)203-1194

www.InformedDNA.com

For questions, please call
800-975-4819

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