InformedDNA®
Genetics, Decoded.

Adult-Other Specialty Genetic Counseling Referral

FORM COMPLETION DATE:____ ____ ________

Patient Information

1

Name:____ Date of Birth:___ ___ _______

PREFERRED Phone:____________________ OTHER Phone:____________________ E-mail:______________________________

Billing

2

☐ Bill to Patient Insurance
* In-network only.

☐ Other (Please Explain)________________________________

Reason for Referral

3

a. Disease Category

- ☐ Adult onset
- ☐ Cancer
- ☐ Reproductive/Prenatal
- ☐ Cardiac
- ☐ Neurogenetics
- ☐ Ocular
- ☐ Other:__________________

b. Indication

- ☐ Genetic disease suspected
- ☐ Diagnosis of a genetic disease
- ☐ Family history of disease
- ☐ Gene mutation in family
- ☐ Other:__________________

c. Genetic Test Status

- ☐ Test not yet ordered
- ☐ Test ordered
- ☐ Results received
- ☐ Unknown
- ☐ Other:__________________

Patient Documentation - fax the following along with this referral form

a. Clinical. Please include the following (if performed)

- ☐ Clinic note outlining history of disease/suspected diagnosis
- ☐ Test request form (if sample already collected and testing ordered).*
- ☐ Genetic test results
- ☐ Copy of genetic testing results in family (if performed)

b. Patient face sheet (demographics).

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

d. Lab preference (if sample not already collected)**:________________________________

* We will not provide interpretation.

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

Physician Information

5

Medical Center/Practice ______________________ Practice Contact ______________________

Phone __________ Fax __________ E-mail ______________________

Address ______________________ City __________ State ______ Zip ______

Referring Provider ______________________ Fax *(required)* ______________________

NPI ______________________ Referring Provider's Signature ______________________

By submitting this referral form I, the referring provider listed on this form, am (1) requesting my patient receive genetic counseling, and genetic testing if deemed appropriate, by an InformedDNA genetic counselor; and (2) authorizing InformedDNA's genetic counselors to facilitate the completion of any test requisition forms and/or submit any prior authorization, if necessary, on my behalf utilizing my name and NPI. I understand that any genetic testing performed on my patient will be my responsibility and ordered in my name.

Fax completed form to:

6 **760-203-1194**

www.InformedDNA.com

For questions, please call
800-975-4819

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