

Patient Name

DOB:

MR #

Index to Consult/Referral/Transfer

Date: _____

UW Health uwhealth.org
(University of Wisconsin Hospitals and Clinics Authority)
ONCOLOGY GENETICS REFERRAL FORM

REFERRING PROVIDER INFORMATION:

Provider Name/Credentials

Provider NPI#

Clinic/Organization Telephone Number

Clinic/Organization Name & Address

City, State & Zip Code

Clinic/Organization Fax Number

PATIENT INFORMATION:

Patient Name

Sex: Male Female

Patient DOB

Patient Address

City, State & Zip Code

Patient Telephone Number

Patient Email Address

Oncology History:

Does the patient have a new diagnosis of cancer (circle one) **Yes/No**

If yes, what type of cancer? _____

Does the patient have a personal history of cancer (circle one) **Yes/No**

If yes, what type of cancer? _____

Does the patient have a family history of cancer (circle one) **Yes/No**

If yes, what type of cancer? _____

Genetic Counseling/Testing Order (select one based on patient medical history)

Oncology Genetic Counseling – Urgent

- Patient has a new diagnosis of cancer and the results of genetic testing may impact treatment planning in the immediate future.

Oncology Genetic Counseling-Intermediate

- Patient has a new diagnosis of cancer, genetic testing results may impact treatment planning however results are not needed for several weeks (usually due to neoadjuvant chemotherapy or other delays to planned treatment)

Oncology Genetic Counseling-Routine

- Patient does not have a personal history of cancer; referral is based on family history
- Patient has a personal history of cancer however no treatment decisions are pending based on genetic testing

If following genetic counseling the patient wishes to proceed with genetic testing, I authorize UW Health Oncology Genetic Counselors to determine the appropriate test and facilitate sample collection and submission to the appropriate testing company as indicated by patient need and insurance requirements.

Referring Provider Signature: _____ **Date:** _____ **Time:** _____ **Pager#** _____

- Please fill out completely and fax to the UW Health Oncology Genetics office at (608) 662-4448