



Request for Genetics Consultation

Please forward the completed form to the Genetics Program via fax or mail to:

Genetic Counselling Services

Sudbury Outpatient Centre

865 Regent Street South

Sudbury, Ontario P3E 3Y9

Telephone: (705) 675-4786 Fax: (705) 523-7178

www.hsnsudbury.ca/genetics

Patient details if no Addressograph (Please Print Clearly): Date of Birth: ____/____/____
 day month year

Name: (Last) _____ (First) _____

Address: _____ City: _____

Postal Code: _____ OHIP # (Version Code): _____

Telephone (home): (705) _____ Telephone (work): (705) _____

Clinical details (Please Print Clearly):

- Reason for referral/working diagnosis: _____

- Pertinent medical/family history: _____

- Relevant investigations done/pending. Please include copies of test results and consultation letters if available:

- Is your patient or their partner pregnant?** YES NO
 If Yes, please provide the following, if available
 LMP: _____ Copies of all ultrasound reports for current pregnancy
 Blood type, Maternal Serum Screen, CBC, etc Antenatal 1 Record
- Positive physical findings: _____

- Previous genetic consultation? Yes No (If yes please provide copy and location of consultation)
- Is the client informed of the referral? Yes No
- Any other information you feel we should be aware of e.g. social situation, parent/child anxiety?

- Preferred language: English French

Referring Physician (Please Print Clearly):

Name (please print) _____

Telephone: () _____ Fax: () _____

OHIP Billing #: _____ Signature: _____

How to Make a Referral:

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Important information to include in your referral:

1. Patient’s name, sex, address, home/work phone numbers, date of birth and health card number.
2. Relevant family history (i.e. who is affected, how they are related to the patient).
3. Appropriate medical records of the patient and/or affected relatives.
4. If your patient is pregnant, include: ultrasound report, blood group and CBC, Antenatal 1.
5. Physician’s full name, mailing address and phone/fax number.
6. Physician’s billing number.

Who We Are:

The Genetics Clinic at the Sudbury Regional Hospital offers a wide variety of clinical and testing services for individuals and families with genetic concerns. We see about 700 new patients each year from the Sudbury and surrounding area. We are one of the 5-outreach clinics that make up the Northern Regional Genetics Program (NRGP) offering genetic services to the people of Northern Ontario.

What We Do:

- ✓ Clinical assessment/counselling by a team of 4 Genetic Counsellors, 1 external advisory Geneticist and several other visiting Geneticists
- ✓ Prenatal genetics
- ✓ Pediatric genetics
- ✓ Adult genetics
- ✓ Cancer genetics
- ✓ Utilize a provincial, national and international network for referral and testing when indicated
- ✓ Provide information and education for health care professionals

What We Offer:

Consultation and Genetic Counselling are offered for the total range of genetic indications. The following list provides common examples. **Information regarding appropriateness of referrals will be provided promptly on request.**

- Single gene disorders: e.g. hemophilia, muscular dystrophies, cystic fibrosis, hemochromatosis
- Polygenic and multifactorial conditions: e.g. neural tube defects, cleft lip and palate
- Chromosome abnormalities: eg. Down syndrome, chromosomal rearrangements
- Consanguinity
- Pregnancy at or over 35 years of age at date of deliver
- Family history of breast, ovarian, colon and other cancers
- Recurrent pregnancy loss (3 or more)
- Infertility
- Teratogen exposure
- Positive Maternal Serum Screen (MSS) or Integrated Prenatal Screen (IPS)
- Abnormal prenatal ultrasound findings
- Conditions of unknown cause or exact diagnosis: i.e. developmental delay