Affinity HEALTH SYSTEM

Genetic Counseling Program

Fax Referral & Relevant Records To: (920) 738-2901

Today's Date_____

Patient Name_____ DOB_____

Home Phone_____ Alternate Phone_____

Referring Physician_____ Office Phone_____

Address _____

Reason for Genetic Counseling Consultation:

HEREDITARY CANCER

Personal History of:

☐ This patient does not have cancer
☐ Breast cancer
☐ Ovarian cancer
☐ Colon cancer
☐ Colon polyps
☐ Uterine cancer
☐ Other cancer_____

Family History of:

☐ There is no family history of cancer
☐ Breast cancer
☐ Ovarian cancer
☐ Colon cancer
☐ Colon polyps
☐ Uterine cancer
☐ Other cancer_____

Other information: _____

This patient has previously had genetic testing: ☐ Yes ☐ No

Type of testing: _____

Results are: ☐ Positive ☐ Normal ☐ Variant ☐ Pending

PRECONCEPTION or PRENATAL

☐ AMA
☐ Abnormal 1st trimester screen
☐ Abnormal quad screen
☐ Abnormal CVS/amnio results
☐ Anomalies found on ultrasound
☐ Personal history of_____
☐ Family history of_____
☐ Other_____

OTHER

Please specify indication_____

If you have any questions, please call the genetic counselor, Thea A. Owens, MS (920) 831-1284.
St. Elizabeth Hospital 1506 S. Oneida St. 4N, Appleton, WI 54915