

**Genetic Counseling Referral Form**

Date of referral : \_\_\_\_\_

Name of referring doctor : \_\_\_\_\_ Clinic / Hospital : \_\_\_\_\_

Contact details : Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_  
*(Please tick above the preferred mode of contact)*

**Information on Case Referred**

Name of Patient : \_\_\_\_\_

Patient contact details: Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

*(Please tick based on relevance)*

- Pediatric Genetics**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chromosome disorder                  | <input type="checkbox"/> Dysmorphic features | <input type="checkbox"/> Inborn error metabolism        |
| <input type="checkbox"/> Family history of inherited disorder | <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Thalassemia/Hemoglobinopathies |
| <input type="checkbox"/> Skeletal dysplasia                   | <input type="checkbox"/> Muscular dystrophy  | <input type="checkbox"/> Others _____                   |

- Reproductive Genetics**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Prenatal Screening – NIPT      | <input type="checkbox"/> > than 3 miscarriages | <input type="checkbox"/> Exposure to teratogen in pregnancy |
| <input type="checkbox"/> Prenatal diagnosis – CVS/Amnio | <input type="checkbox"/> Carrier screening     | <input type="checkbox"/> Others _____                       |

- Cancer Genetics**
- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Bowel/Colon cancer | <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Ovarian Cancer | <input type="checkbox"/> Other cancer _____ |
|---|--|---|---|

**Others** \_\_\_\_\_

Reason of referral (Please attach family history, medical report or genetic test results if available)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information will be managed with strict confidentiality. Referring doctor will be contacted first before any contact is made to patient. Please email the completed form to [counseling@asia-genomics.com](mailto:counseling@asia-genomics.com) or by fax. Thank you.