ROYAL PRINCE ALFRED HOSPTIAL MEDICAL GENOMICS REFERRAL FORM

CLINICAL GENETICISTS Dr Jason Pinner

Г

GENETIC COUNSELLORS
Ron Fleischer
Lucinda Freeman
Zara Richmond
Laura Molloy

То:	Drs Jason Pinner Dept of Clinical Genetics Royal Prince Alfred Hospital
Phone:	9515 5080
Fax:	9515 5490
Referring D	octor:
Provider No	·
Phone:	
Fax:	
Signature:	
Completed	by:
Patient Name: DOB: Tel (Daytime): Mob: Address:	
LMP/EDD: Interpreter I	required: □ Yes
(specify lan	guage)

Prenatal counselling			
	Increased risk screening result.		
	Please include copies of all results		
	Teratogen/medication exposure. (Alternatively call Mothersafe – 9382 6539)		
	Consanguinity.		
	Family history of intellectual disability and/or congenital abnormality.		
	Family history of stillbirth or recurrent miscarriage		
	Hereditary condition in the family (please specify)		
	Thalassaemia		
	All thalassaemia referrals must be accompanied by FBC , Haemoglobin EPG and Iron Studies results for both the patient and their partner		
	Other (Please specify):		
Clinical Details:			
	For urgent referrals please contact the Clinical Geneticist on call via the RPAH switchboard 9515 6111		

Please FAX this form and additional information to RPAH Clinical Genetics on 9515 5490