

SLHD Clinical Genetics Service

Royal Prince Alfred Hospital, Camperdown NSW 2050

Phone: 9515 5080, FAX: 9515 5490

Email: SLHD-RPAGeneClinic@health.nsw.gov.au

Dr Lisa Worgan 057060BK

Dr Felicity Collins 38251KT

Dr Amali Mallawaarachchi 4012435T

Dr Alison McLean 4957863Y

Outpatient referral form

for SLHD Clinical Genetics Services

Outpatient clinic use only

Referral received:

Referral to: (please specify doctors name)

Patient or client details

Patient name:

Address:

Medicare number:

Date of birth:

Sex/gender:

M (male)

F (female)

Other

Phone:

W (work)

H (home)

M (mobile)

Email:

Interpreter required:

Yes

No

Language:

Carer name (if appropriate):

Phone:

Email:

GP name (if not referrer):

Phone:

Email:

Urgent referral:

Yes

Results of this consultation required for urgent medical management decisions

Child under the age of 6 months

Pregnant patient

Pregnancy Concern:

Yes

Last menstrual period (LMP)/estimated date of delivery (EDD):

Increased risk prenatal screening result (include copies of all results)

Patient and/or partner affected by inherited condition

Family history of an inherited condition

Fetal abnormality suggestive of an underlying genetic disorder

Preconception Concern:

Yes

Personal and/or family history of a genetic or chromosomal condition

Personal and/or family history of stillbirth or recurrent miscarriage

Thalassaemia concern (include patient & partner FBC, HbEPG and Iron Studies)

Personal history genetic condition:

Yes

Suspected or confirmed genetic or chromosomal condition. Please describe on other page and provide reports relevant to the diagnosis.

Congenital anomalies and/or significant developmental delay/ intellectual disability

Family history genetic condition:

Yes

Hereditary condition in the family. Please describe on other page and provide reports relevant to the diagnosis

Family history of intellectual disability and/or congenital anomalies

Consanguinity and family history of hereditary condition

Referrer details

Name:

Paediatrician

Other specialist

GP

Address:

Provider #:

Phone:

Email:

Fax:

Signature:

Date:

/ /

Other clinical details if required:

Please send this form to:

Please fax or email to **SLHD Clinical Genetics Service** on (02) 9515 5490 or
SLHD-RPAGeneClinic@health.nsw.gov.au

If this is an **urgent referral**, please also call on-call clinical geneticist via the RPAH main hospital switch on 9515 6111