

Patient Name: _____	Referral to: Justine Cooper Pickarski, MS, LGC Licensed Genetic Counselor
Patient Date of Birth: _____	Terra Lucas, MS, LGC Licensed Genetic Counselor
Patient Phone #: _____	Phone: 859-323-2798
Patient E-mail: _____	Fax: 859-257-0475
Patient UK MRN: _____	E-mail: CancerGenetics@uky.edu
Patient Insurance: (Attach copy of card) _____	Appointment Date: _____
Referring Provider: _____	Appointment Time: _____
Contact Number: _____	

Has the patient been diagnosed with cancer?     Yes     No     Unknown

If yes, list the type(s) of cancer and age at diagnosis

First Cancer	Cancer Site _____	Age _____
Second Cancer	Cancer Site _____	Age _____
Third Cancer	Cancer Site _____	Age _____

Does the patient have a family history of cancer or gastrointestinal polyps?     Yes     No

If yes, list how the person is related to the patient, the site of cancer or polyps, and age at diagnosis

Relationship	Maternal	Paternal	Cancer Site/ Site, type, # of polyps	Age at Dx
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Is the patient a member of an at risk population? (i.e. Ashkenazi Jewish)     Yes     No     Unknown

Has the patient or any family members already had genetic testing?     Yes     No     Unknown

If family member has had testing, list their relationship to the patient and provide a copy of their test results if possible-  
\_\_\_\_\_

**\*If a mutation has been identified in the patient please fax these results to us. If a family member has had a mutation found and we do not have a copy of the results, we will not test the patient.\***

**\*\*IF THE PATIENT IS NOT A UK PATIENT, PLEASE ATTACH A DEMOGRAPHIC SHEET, A COPY OF RECENT CLINIC NOTE AND PATHOLOGY REPORT, IF APPLICABLE\*\***

If the patient is being referred for an indication other than cancer, please describe the patient's clinical and family history below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_