

## Hawai‘i Community Genetics Referral

FAX TO: (808) 973-3401

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent Name \_\_\_\_\_ Contact # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Subscriber ID # \_\_\_\_\_ Medical Code # \_\_\_\_\_

PCP \_\_\_\_\_ Contact # \_\_\_\_\_

Requesting Physician (if not PCP) \_\_\_\_\_

Contact person name \_\_\_\_\_ Contact phone # \_\_\_\_\_

### REASON FOR REFERRAL

- Positive Newborn Screen for \_\_\_\_\_ or  Alpha Thalassemia (282.49)
- Confirmed Hearing Loss
- Developmental concerns          Mental retardation (319)          Autism (299.00)  
  Delayed milestones (783.42)          Language delay (315.32)
- Growth concerns                          Failure to thrive (783.41)          Asymmetry/hemihypertrophy (759.89)  
  Short stature (783.43)          Overgrowth/Tall stature (783.9)  
  Skeletal dysplasia, NEC (259.4)
- Birth defects \_\_\_\_\_
- Dysmorphic features (796.4) \_\_\_\_\_
- Neurologic symptoms \_\_\_\_\_
- Dermatologic                          Abnormal skin pigmentation (709.00)          Ichthyosis/scaly skin (757.1)  
  Café au lait macules (709.09)          Vascular birthmarks (228.00)
- Patient has known/suspected chromosomal or genetic disorder \_\_\_\_\_
- Family history of chromosomal or genetic disorder \_\_\_\_\_
- Other \_\_\_\_\_

Medical records review is an important part of a genetic evaluation. **If all pertinent records are not in HPH EMR (Epic), please send the following (if applicable) medical records with this referral including:**

1. Birth records including measurements
2. Specialist consults (neurologists, endocrinologists, cardiologist, ENT, etc)
3. Imaging studies (MRI, CT scans, X-rays)
4. Laboratory results (genetic tests, blood test, urine tests, etc)
5. Growth curves (weight, height, head circumference)

**All pertinent records in EPIC**

**Please reproduce this form as needed.**