

# CANCER GENETICS PROGRAM

## Genetic Cancer Risk Assessment Referral Form

**HAWAII  
PACIFIC  
HEALTH** | KAPI'OLANI  
PALI MOMI  
STRAUB  
WILCOX

CREATING A HEALTHIER HAWAII

Fax To: Hawaii Community Genetics

Fax Number: (808) 373-7599

Scheduling: Health Connection (808) 373-7555

Requesting MD/Contact Person: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ MRN \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Home: ( \_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_ ) \_\_\_\_\_

PCP \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance \_\_\_\_\_ Subscriber # \_\_\_\_\_ Policy Holder Name & DOB \_\_\_\_\_

Medical Benefit Code (i.e. 800 or X-B) \_\_\_\_\_

### INDICATIONS FOR REFERRAL TO CANCER GENETICS PROGRAM *(this includes an evaluation by a genetic counselor and may include an evaluation by a clinical geneticist):*

- Personal history of breast cancer (C50.919/Z85.3)
- Personal history of ovarian cancer (C56.9/Z85.43)
- Personal history of colon cancer (C18.9)
- Personal history of GI polyps (K63.5)
- Personal history of other cancer (Details: \_\_\_\_\_)
- Personal history of known gene mutations (Details: \_\_\_\_\_)
- No personal history of cancer
- Family history of breast cancer (Z80.3)
- Family history of ovarian cancer (Z80.41)
- Family history of uterine cancer (Z80.49)
- Family history of colon/GI cancer (Z80.0)
- Family history of GI polyps (Z83.71)
- Family history of known gene mutation (Relationship and other details: \_\_\_\_\_)

### Available Family History

Relationship	Cancer Site	Age Diagnosed
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Documentation:** Please fax relevant medical records and labs with form **unless part of HPH EPIC** system (i.e. pathology/oncology reports, test results) in order to obtain authorization for the office visit.

**\*\*File this form in the patient's chart after faxing as documentation of referral\*\***

Referring Physician: (signature) \_\_\_\_\_ Date: \_\_\_\_\_