

For non-urgent referrals:

- Referrals will only be accepted with relevant health records/correspondence and results
- The family is sent a family history questionnaire to complete and return to us. Once the questionnaire is returned an appointment will be allocated in due course
- If there is a reason your patient cannot complete the questionnaire, please contact us directly to make alternate arrangements

Have other family members previously been seen by a Genetic Service:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, name of relative & service location: _____		

ATTACHED:
<input type="checkbox"/> Chromosome or other molecular genetic testing results (including relevant parental results)
<input type="checkbox"/> Relevant specialist consultation letters
<input type="checkbox"/> Relevant developmental / psychological / educational assessments
<input type="checkbox"/> Relevant imaging reports (MRI, CT, ultrasound, X-rays)
<input type="checkbox"/> Relevant specialised testing (audiology, ERG, EMG, EEG, etc)
<input type="checkbox"/> Facial photographs (frontal and lateral, others as appropriate)

What questions would the family like Genetic Services of WA to answer:

REFERRING DOCTOR:	
Name:	
Ward / Department:	
Contact phone / Fax:	