



# Centenary Genetics Clinic – Cancer Genetics Referral Form

4<sup>th</sup> Floor, 2867 Ellesmere Road, Scarborough, Ontario M1E 4B9  
Phone: (416) 281- 7425 Fax: (416) 281-7306



Physician: \_\_\_\_\_  
Physician number: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

<b>Patient Name:</b> _____ (Surname, First name) <b>Address:</b> _____ <b>City:</b> _____ <b>Postal Code:</b> _____ <b>Telephone:</b> _____ <b>Health Card #:</b> _____ <b>Version</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>DOB:</b> _____ (YYYY-MM-DD)
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Does this patient have a personal history of cancer? No Yes- Type of cancer: \_\_\_\_\_

Is this referral urgent? No Yes- Please provide reason: \_\_\_\_\_

Referrals must meet one of the following referral criteria (Please check box that applies)

### Breast/Ovarian Cancer

- Family history of multiple cases of breast cancer (particularly when diagnosed ≤ 50) and/or ovarian cancer (any age) in the family – especially closely related relatives, on the same side of the family.
- Family history or personal history of breast cancer < 35 years old
- Family history or personal history of ovarian cancer
- Family history or personal history of both breast cancer and ovarian cancer in the same woman
- Family history or personal history of bilateral breast cancer, especially if one or both was diagnosed < 50
- Family or personal history of male breast cancer
- Breast and/or ovarian cancer in Ashkenazi Jewish families
- An identified BRCA1 or BRCA2 mutation in any blood relative (Please specify): \_\_\_\_\_
- Triple negative breast cancer < 60 years old

### Other

The Centenary Genetics Clinic accepts referrals for other hereditary cancer syndromes such as colorectal cancer cases. We are a satellite clinic of the North York General Hospital Genetics Program. Referrals will be triaged and patients may be seen at either Centenary or North York depending on reason for referral and clinic resources.

Reason for referral and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Check one:

Genetics clinic to inform patient directly of appointment

Referring physician’s office to inform patient of appointment

**Please fax referral to the Centenary Genetics Clinic at (416) 281-7306**

*Kindly include pathology, surgical report, latest mammograms, ultrasound, MRIs, etc.*