

# Cancer Genetics Referral Proforma

## Patient details

Name:

DOB:

NHS:

MRN:

Address::

Contact telephone / mobile no.:

## Family History Questionnaire

Patient happy to receive an electronic Family History Questionnaire (FHQ) link via email: Yes No

If yes, patient’s email address:

If no, preferred alternative method of contact:

Does this patient require additional assistance with completing the electronic form: Yes No (i.e. translator, help completing FHQ, easy read documents)

## Priority of referral

Urgent Routine

If urgent, please complete following:

A. Reason:

B. Planned date of treatment / surgery:

## Patient diagnosed with cancer

Diagnosed with cancer: Yes No Diagnosis:

Age at diagnosis: Histopathology:

*Please enclose copy of histopathology report and receptor status (for breast cancer) or MMR and BRAF/MLH1 promoter meth (for bowel cancer) where available)*

## Patient unaffected but with family history of cancer

Patient or family member already known to Clinical Genetics? Yes No

If yes, please include following details of the family member seen:

Name: Genetics ref number: Where seen:

If your patient unaffected, current referral is for: genetic risk assessment **or** known gene alteration (mutation) in family

If known gene alteration in the family, details of the gene alteration:

*(Please include a copy of the genetic test report and/or genetics clinic correspondence with gene alteration details if available)*

## To be completed by GP / Clinician

Referring GP / Clinician (print name):

Signature: Date:

Queries to our departmental email address: [Clinical.Genetics@ouh.nhs.uk](mailto:Clinical.Genetics@ouh.nhs.uk)