

The Breast Institute @ Northern Westchester Hospital

400 East Main Street, North Building, First Floor, Mount Kisco, New York 10549 P:
914.242.7649 F: 914.666.1977

Referral for Genetic Counseling

Please complete this referral form and fax it to: 914-666-1977

The following patient is interested in receiving more information regarding hereditary cancer:

Patient Name: _____ DOB: _____

Home #: (____) _____ Cell #/Work #: (____) _____

Is this patient being referred for counseling to help with surgical decision making?

Yes No

Physician Order: Perform genetic counseling and appropriate testing for personal or family history of the following:

- Breast and/or ovarian cancer (BRCA1, BRCA2, PTEN/Cowden, p53/Li-Fraumeni)
- Colon and/or endometrial or ovarian cancer (Lynch, FAP, IHC of MMR proteins, MSI)
- Familial melanoma and pancreatic cancer (P16, PALB2)
- Thyroid cancer, pheochromocytoma, hyperparathyroidism, pituitary or pancreatic tumor (MEN1, MEN2)
- Other: _____

Referring Physician Information and Authorization for Genetic Counseling and Testing including venipuncture

Name: _____ Signature: _____

Phone (____) _____ Fax: (____) _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Date: _____

Referring physician:

Please attach pathology reports, medical history, and relevant testing results.

Please inform your patient of the referral and keep a copy of this form for your records

If you have any questions please call the Genetic Counselor, Nancy Cohen, MS, CGC, at 914-242-7649.

For NWH use:

Patient called: _____

Appointment Date: _____