



Hereditary Cancer Risk Assessment Program
Fax Referral To: (513) 803-1111
Schedule by phone: (513) 636-4760 (option 1)
Her Hereditary Cancer Prog Phone Line: 513-803-5131

Today's Date: _____

Patient Name: _____ DOB: _____

Best Contact Number: _____

Referring Physician: _____ Contact Person: _____

Office Number: _____ Fax Number: _____

Requested Visit Location: CCHMC Clifton [] CCHMC Mason []

This patient has a personal history of:

- Breast cancer []
Ovarian cancer []
Colon cancer []
Uterine cancer []
Other cancer []

This patient has a family history of:

Please indicate who in the family was diagnosed (ie: mother, father, sister, maternal aunt, paternal cousin)

- Breast cancer in []
Ovarian cancer in []
Colon cancer in []
Uterine cancer in []
Other cancer []

This patient previously had genetic testing: [] YES [] NO

Type of test: Results are: [] Positive [] Normal [] Pending

[] Urgent Referral: Please provide a brief explanation of why patient needs to be seen urgently (include dates of surgery if relevant and available). We may contact you to discuss the referral.

Urgent only: For urgent referrals please call the Hereditary Cancer Program at 513-803-5131.

We reserve weekly slots at CCHMC Clifton in order to accommodate urgent patients.