Cardiovascular Genetic Counseling Referral Form

Fax Referral to: 513-803-1748

Patient Name: _____ DOB: _____
Parent's Name(s) (if pediatric patient): _____
Home Phone: _____ Work Phone: _____
Address: _____

Referring Physician: _____ Contact Person: _____
Office Number: _____ Fax Number: _____
Address: _____

Refer FOR:

☐ Genetic Counseling and testing ☐ Genetics and Cardiology evaluation

Reason for Referral (please check all that apply):

Cardiomyopathy

- ☐ Hypertrophic cardiomyopathy (HCM), obstructive
- ☐ HCM, non-obstructive
- ☐ Dilated cardiomyopathy
- ☐ Peripartum cardiomyopathy
- ☐ Left ventricular non-compaction (LVNC)
- ☐ Arrhythmogenic right ventricular cardiomyopathy (ARVC/D)
- ☐ Congestive heart failure (CHF)

Arrhythmia

- ☐ Long QT syndrome
- ☐ Brugada syndrome
- ☐ Catecholaminergic polymorphic ventricular tachycardia (CPVT)
- ☐ Abnormal ECG (excludes LQTS)
- ☐ Personal history of cardiac arrest
- ☐ s/p ICD in situ
- ☐ s/p Pacemaker in situ

Coronary Artery Disease

- ☐ Familial hypercholesterolemia

Aortopathy

- ☐ Concern for Marfan syndrome
- ☐ Known diagnosis of Marfan syndrome
- ☐ Thoracic aortic aneurysm
- ☐ Thoracic aortic dissection
- ☐ Family history of aortic disease

Signs/Symptoms

- ☐ Syncope and collapse
- ☐ Dizziness/Vertigo
- ☐ Palpitations
- ☐ Shortness of breath

Genetics/Family History

- ☐ Healthy patient who has a gene mutation
- ☐ Family history of a gene mutation
- ☐ Family history of sudden cardiac death
- ☐ Family history of cardiovascular disease

Other

- ☐ _____
- ☐ Unsure, would like to discuss

Family history of cardiovascular Disease

Relation	Diagnosis	Age	Genetic Testing Completed? (List type and result)

Please fax, along with records (demographics, most recent cardiology visit note, echocardiogram, cardiac MRI, catheterization lab results, and electrocardiogram, if available, and information regarding genetic testing if already completed in the patient or a relative), and a copy of the patient's insurance card to (513) 803-1748.

For questions, please call
Erin Miller, MS, LGC 513-636-4729; Ashley Parrott, MS, LGC 513-803-3318; Amy Shikany, MS, LGC 513-803-3317