MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

Genetics Clinic Referral Form

TEL: (416) 461-8272 ext: 2073 FAX: 416-469-6002
EMAIL: genetics@tehn.ca

REF

Patient Label

Patient Information

Last Name: First Name:

Gender Identity: Pronoun:

Accommodation Required: ☐ No ☐ Yes:

Health Card #: VC: Date of Birth (dd/mm/yyyy):

Address:

City: Province: Postal code:

Telephone #:

Parent/Caregiver/Guardian: Relationship to patient:

Parent/Guardian Phone contact: Email:

Does this patient need a language interpreter? If so, which language?

☐ No ☐ Yes: _____

Referral Details ***Please note: we are currently only accepting paediatric patients***

Is this an inpatient consultation? ☐ Yes
If yes - contact Dr. Rebecca Mantha via Hypercare AND fax this form.
Is this referral otherwise urgent? ☐ Yes ☐ No
e.g. developmental regression, parent is currently pregnant, diagnostic clarification for urgent management decision.

Reason for referral. Please check all that apply:

☐ Personal history of a suspected genetic disorder ☐ Personal history of a confirmed genetic disorder

☐ Predictive testing based on a genetic diagnosis in a relative.

For predictive testing, a copy of the relative's genetic test report is required.
Predictive testing is generally only offered to children for conditions that are actionable in childhood.

Please specify reason for referral in more detail:

Any other highly relevant medical / family history, psychosocial context?

Please attach the following information when available:

☐ All genetic testing results ☐ Relevant diagnostic imaging or other investigations ☐ Relevant consultation notes

★ **Please note: For some specific indications, additional information is required. Please see page 2 for referral guidelines.**

Referring Provider

Name: _____ Billing #: _____

Address:_____

Phone #: _____ Fax #: _____

Date(dd/mm/yyyy): _____ Signature: _____

MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

Genetics Clinic Referral Form

Patient Label

Referral Guidelines and Required Documentation

Phase 1: We are currently only accepting referrals for paediatric patients

Referral Indication	Documentation to Include
Developmental delay, autism spectrum disorder, intellectual disability	• Relevant consultation notes / developmental history are **REQUIRED**. • Include any completed microarray or Fragile X report; if pending, please identify the laboratory from which the testing was requested. Chromosomal microarray is encouraged before referral when the provider is comfortable ordering, but it is not required. Abnormal microarray results will receive priority in triage. For autism, Genetics consultation to consider genome-wide sequencing is recommended when additional features are present (e.g., seizures, intellectual disability, congenital anomaly, or parental consanguinity).
Suspected Marfan syndrome	• Echocardiogram report is **REQUIRED.** • Eye exam highly recommended. • Relevant specialist consultation notes, if available.
Neurological / neuromuscular conditions (e.g., CMT, epilepsy)	• Neurology consultation note is **REQUIRED.** • Relevant investigations (e.g., EMG/NCS, EEG, MRI), if performed.
Hearing loss	• Audiology report is **REQUIRED.** • ENT consultation notes and relevant imaging, if available.
Inherited eye disorders	• Ophthalmology consultation or optometry note is **REQUIRED.** • ERG or other relevant ophthalmologic investigations, if performed.

For any referral indication not listed above:
Please include relevant specialist consultation notes, investigation results, and any previous genetic testing when available.

Ehlers-Danlos syndrome: Our clinic does not currently have the allied health support to provide assessment for suspected hypermobile Ehlers-Danlos syndrome (hEDS). Referrals are appropriate when there are additional features suggesting a rarer monogenic form of EDS or another heritable connective tissue disorder (e.g. arterial aneurysm, atraumatic tendon or organ rupture, early severe scoliosis, or a family history of a molecularly confirmed connective tissue disorder). Paediatric referrals for hEDS should continue to be directed to the SickKids EDS Clinic.

Metabolics: **The MGH Genetics Clinic does not provide assessment or longitudinal care for patients with known or suspected inborn errors of metabolism**. These referrals should continue to be directed to the SickKids Metabolics Clinic for subspecialty care.