



Familial Cancer Program Referral Form

Most cancers are not hereditary and not everyone with a personal and/or family history of cancer is eligible for public genetic services. Prior to making a referral, please review the eviQ cancer genetics referral guidelines – www.eviq.org.au

We provide genetic assessments to people with a personal and/or family history of cancer suggestive of hereditary cancer. Some people will also be eligible for genetic testing through our service. To ensure that services are offered appropriately we verify (where possible) reported personal and family history information. It is important for your patient to be aware that the verification process can be time consuming and may involve checking records on the Western Australian Cancer Registry. To progress the referral quickly we ask that you and your patient provide as much information as possible about their personal and/or family history of cancer.

**Please print the final page of this form (Patient Information) and give to your patient.
We will contact your patient once we have received and triaged the referral.**

Referring Doctor Details:

Name:	Provider Number:
Practice name:	<input type="checkbox"/> Specialist <input type="checkbox"/> General Practitioner
Practice address:	
Phone:	Fax:
Email:	

Patient Details:

Given name(s):		Surname:	
Maiden name:		Date of Birth:	
Address:		Mobile:	
Suburb:	Postcode:	Phone:	
Email:		Hospital URMN (if known):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Country of Birth:	
Next of Kin:	Relationship:	Phone:	
ATSI Status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither			
Medicare Number:		Ref:	Expiry:
Length of Referral: <input type="checkbox"/> 3 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Indefinite			
Patient's preferred method of contact (please select one of each): 1. E-mail or Post 2. Phone Call or SMS			
Does the patient need an interpreter? <input type="checkbox"/> Yes Language: _____ <input type="checkbox"/> No			
Does the patient have Jewish ancestry? <input type="checkbox"/> Yes Details: _____ <input type="checkbox"/> No			
Has anyone in the family had genetic testing or attended a genetic clinic anywhere (worldwide)? <input type="checkbox"/> Yes Details: _____ <input type="checkbox"/> No			
Is the patient suitable for a Telehealth consult? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the patient aware they have been referred? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Urgency: We have limited capacity to expedite our services but will endeavour to do so if there is clinical indication (tick relevant situation and complete the table if applicable):

- Limited life expectancy

Please collect 2 x 5mL blood in EDTA and send to PathWest Department of Diagnostic Genomics at QEII Medical Centre for DNA storage (it is not necessary to obtain consent for storage of DNA).

- Results of genetic testing could influence treatment decisions in the near future.

Planned treatment	Start date
Surgery	
Chemotherapy	
Radiation	

Reason for Referral:

Personal History: Please attach relevant documentation (e.g. histology reports, discharge summaries, specialist letters). **Lack of relevant documentation may delay your patient's assessment/testing.**

	Tick	Details (eg. type, year, treatment, specialist)
Breast Cancer	<input type="checkbox"/>	
Ovarian Cancer	<input type="checkbox"/>	
Bowel Cancer	<input type="checkbox"/>	
Bowel Polyps	<input type="checkbox"/>	
Other Cancer	<input type="checkbox"/>	

Family History: Please provide as much detail as possible for relatives and attach any available relevant documentation.

Name	Relationship to patient (Maternal or Paternal)	Cancer type	Place of diagnosis or treatment	Diagnosis age	Alive Y/N

**Please send completed referral to the Central Referral Service
Fax: 1300 365 056**



Patient Information

About your referral to the Familial Cancer Program at GSWA

Who is Genetic Services of Western Australia?

Genetic Services of Western Australia (GSWA) offers consultations for people with a hereditary condition (passed through families) and those concerned about their risk of developing a hereditary condition. These services are provided by a range of staff, including clinical geneticists and genetic counsellors.

Who might be referred to the Familial Cancer Program?

Less than 10% of cancers are due to an inherited gene fault.

GPs and specialists refer patients who are considered potentially high risk for developing a hereditary cancer. These may include breast, ovarian and bowel cancer, as well as bowel polyp disorders.

What services does the Program offer?

The Familial Cancer Program offers consultations by telephone, video-link and appointments at metropolitan and outreach clinics.

We provide:

- Information about inherited cancers
- An assessment of your inherited cancer risk
- An assessment of whether genetic testing is an option for you or your family
- Recommendations for screening and reducing your risk
- Support and counselling for people who are identified as high-risk.

What is genetic testing?

Genetic testing can be used to clarify your chance of developing or passing on a genetic condition.

Not everyone is eligible for public genetic testing. If genetic testing is an option, the advantages and limitations will be discussed with you before any decisions are made to proceed.

Genetic testing is usually offered to a family member who has been diagnosed with cancer in the first instance; if a gene fault is identified, then other members without cancer can have testing.

Genetic testing involves a blood test to analyse your DNA. No other invasive procedures are required.

What happens next?

Now that your doctor has referred you to GSWA, we will review the information provided and contact you by letter or telephone.

To make an accurate assessment we often need additional information about your personal and/or family health history. If this is required we will review the relevant records on the WA Cancer Registry and/or we will contact you.

If you have not heard from us within two months or you do not wish for your referral to proceed, please contact us on the details below.