

Medical Prescription

Name : _____

DOB : _____

Telephone : _____

Email : _____

Genetic counselling

Meeting with a genetic counsellor. This service includes :

- Review and evaluation of medical and family history
- Discussion of risks of genetic conditions
- Explanation of genetic testing options, the relevance of proceeding with testing and the possible results and their implications
- Summary letter sent to patient and referring physician

Reason for genetic counselling : _____

Genetic testing

Genetic test and authorization to communicate the results to the patient in follow-up genetic counselling (included with test) for :

- Hereditary cancer (e.g. breast, ovarian, colorectal, prostate)
- Hereditary cardiac disease (e.g. hypercholesterolemia, hypertrophic cardiomyopathy, arrhythmia)
- Carrier status for recessive and X-linked diseases (e.g. cystic fibrosis, fragile X)
- Other genetic condition (specify the condition or the test) : _____

* Genetic counselling is recommended before any genetic testing.

Relevant medical or family history :

Physician signature : _____ Date : _____

Name of physician : _____ Permit number : _____