Hereditary Cancer Center
Saint Luke's Cancer Institute

REFERRAL NOTIFICATION FORM

The Hereditary Cancer Center of The Cancer Institute is currently offering genetic counseling, testing, and information for patients interested in his/her own personal risk of hereditary cancer. There are two board certified genetic counselors available to see patients: **Molly Dixon, MS, CGC and Stacey Miller, MS, CGC**

Please call the schedulers at **816-932-3300** to schedule an appointment or fill out the patient's information and send to: **FAX # 816-932-5394** **or mail to:**

Saint Luke's Cancer Institute
4321 Washington, Suite 4000
Kansas City, MO 64111

The following individual is interested in receiving more information about hereditary cancer risk:

Patient Name: ______________________________ DOB: ________________

Home Phone: ________________________ Work Phone: ________________

Referrer's (Provider) Name:________________________ Office Phone: ________________

Address: ______________________________ FAX #: ________________

Date of Referral: ________________________

SELECT HOW THIS REFERRAL SHOULD BE HANDLED:

❑ Please contact the patient directly to schedule an appointment. *The patient will be contacted within one week.*

❑ The patient will contact the schedulers at the Hereditary Cancer Center to obtain additional information or schedule an appointment. Please call **816-932-3300.**

The following relative has been diagnosed with cancer:	Type(s) of Cancer	Age(s) of diagnosis
❑ Self		
❑ Mother		
❑ Father		
❑ Sister / Brother (circle one)		
❑ Sister / Brother		
❑ Child Son / Daughter		
❑ Child Son / Daughter		
❑ Mother's mother		
❑ Mother's father		
❑ Father's mother		
❑ Father's father		
❑ Aunt Maternal / Paternal		
❑ Aunt Maternal / Paternal		
❑ Uncle Maternal / Paternal		
❑ Uncle Maternal / Paternal		
❑ Other ____________________		

➲ **If possible, please include relevant medical records (e.g. pathology reports) with this form.**

Notes:

Indications for Referral

- Individual with two or more relatives, on the same side of the family, affected with the same or related* cancer, with at least one individual diagnosed < 50 years
- Individual diagnosed with cancer who has a first degree relative diagnosed with a related cancer at <50 years
- Individual or first degree relative of an individual who has multiple primary cancers
- Individual or first degree relative of an individual who had onset of cancer at 45 years or younger
- A man who developed breast cancer
- A relative of an individual who has a documented cancer gene mutation
- Other ____

***Related Cancers include, but are not limited to: Breast & Ovarian OR Colon & Endometrial**