**GP/HV REFERRAL TO NAZ KHAN**

 **GENETIC COUNSELLOR AND PROJECT LEAD**

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| --- | --- | --- | --- | --- |
| Patient Name |  |  | GP Practice Name |  |
| Address |  |  | Address |  |
|  |  |  |  |  |
|  |  |  |  |  |
| NHS number |  |  | Tel no |  |
| DOB |  |  |  |  |
| Tel no |  |  | Fax no |  |
| Language spoken |  |  |  |  |

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| --- | --- |
| Referrer:Signature: | Patient Aware Of Referral to Genetics: Yes / No  |
| **Is the patient pregnant?** If yes please fax referral to Naz Khan 0161 276 6145 If yes, LMP/EDD |
| Reason for referral:Diagnosed with Genetic disorderName of genetic condition if knownHas a family of history of genetic disorderName/DOB of affected relative if knownCurrently pregnant or planning further children and has a child with a definite/probable genetic conditionIndividual planning to get married and worried about family historyDiagnosis through newborn screening (not carriers)Recurrent pregnancy losses/infant deathsAdults affected with definite/probable genetic condition and planning to start own family  |  |
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| Child/adult has a probable recessive disorder |  |
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| Additional information |