

OhioHealth Genetic Counseling Program  
**Hereditary Cancer Risk Assessment  
Patient Referral Form**

**Cancer Counseling and Testing is available  
at nine OhioHealth locations:**

- + OhioHealth Delaware Health Center
- + OhioHealth Doctors Hospital
- + OhioHealth Grant Medical Center
- + OhioHealth Marion General Hospital
- + OhioHealth Riverside Methodist Hospital
- + OhioHealth Berger Hospital
- + OhioHealth Mansfield Hospital
- + OhioHealth O'Bleness Hospital
- + Dublin Cancer Center

**To refer a patient, fax this form to: (614) 788.4650.  
For more information, call (614) 788.4640.**

**Patient Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ Insurance: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Cancer Genetic Counseling Requested for:**

Personal history of cancer, type: \_\_\_\_\_

Family history of cancer, type: \_\_\_\_\_

Personal history of polyps

Family history of polyps

Personal or family history of gene mutation: \_\_\_\_\_

**Referring Provider:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**To refer a patient, fax this form to: (614) 788.4650.**

