

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.

