

Genetic Referral Guideline

The information below is needed for each type of referral.

Please send the documentation listed for a referral. All information for a patient should be sent together. If you are unable to send the requested documentation, forward the referral to Genetics for review.

All Referral

Diagnosis: **A D**

- Clinic notes with the reason for referral
- Copy of any laboratory and/or radiology tests that support the reason for referral
- Copy of any genetic testing reports

Diagnosis: **F H G D**

- Clinic notes with the reason for referral
- Copy of any laboratory and/or radiology tests that support the reason for referral
- Copy of any genetic testing reports
- Copy of any reports if a family member is affected and has had genetic testing. If not, clinic notes that support his/her diagnosis.

For Specific Diagnosis (more frequent referral)

Diagnosis: **A**

- Clinic notes with the reason for referral
- Developmental notes and/or any tool used for the diagnosis and/or DSM-5 criteria
- Copy of the genetic testing report if patient has had genetic testing

Diagnosis: **D D**

- Clinic notes with the reason for referral
- Developmental notes and/or speech evaluation and/or clear description of milestones
- Copy of the genetic testing report if patient has had genetic testing

Diagnosis: **D S**

- Clinic notes with the reason for referral
- Copy of the genetic testing report (karyotype/microarray)

Diagnosis: **E -D S /H**

- Clinic notes with the reason for referral
- Echocardiogram, or request to have one scheduled
- Dilated eye exam, or request to have one scheduled
- Copy of the genetic testing report if patient has had genetic testing

Diagnosis: **F T**

- Clinic notes with the reason for referral
- If available, endocrinology notes
- Copy of growth charts (height and weight)
- Copy of the genetic testing report if patient has had genetic testing

Diagnosis: **K S**

- Clinic notes with the reason for referral
- Copy of the genetic testing report (karyotype/microarray)

Diagnosis: **M /M**

- Clinic notes with the reason for referral
- Copy of growth charts (height, weight and head circumference)
- Copy of the genetic testing report if patient has had genetic testing

Diagnosis: **M S**

- Clinic notes with the reason for referral
- Echocardiogram, or request to have one scheduled
- Dilated eye exam, or request to have one scheduled
- Copy of the genetic testing report if patient has had genetic testing

Diagnosis: **N /C -A -L S**

- Clinic notes with the reason for referral
- If patient referred is ONE YEAR or OLDER: dilated eye exam, or request to have one scheduled
- Copy of the genetic testing report if patient has had genetic testing

Diagnosis: **P -W /O**

- Clinic notes with the reason for referral
- Copy of growth charts (height and weight)
- Copy of the genetic testing report if patient has had genetic testing

Diagnosis: **S S**

- Clinic notes with the reason for referral
- Copy of growth charts (height and weight)
- Copy of the genetic testing report if patient has had genetic testing

Diagnosis: **T S**

- Clinic notes with the reason for referral
- Copy of the genetic testing report (karyotype/microarray)
- If patient has had an echocardiogram and/or kidney ultrasound, a copy of those reports

Diagnosis: **S D**

- Clinic notes with the reason for referral
- Speech evaluation notes and/or clear description of milestones
- Copy of hearing evaluation
- Copy of the genetic testing report if patient has had genetic testing

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