



A Sutter Health Affiliate

California Pacific Medical Center Cancer Genetic Risk Assessment Program

Tel: 415-600-5961 or 800- 988-0080

Fax completed referral with medical records attach to 415-600-1565

Referral for Cancer Risk Assessment/Genetic Counseling

Patient information:

Name: _____

D.O.B.: ____/____/____ MRN: _____

Address: _____

Phone: (h) _____ (w) _____

Reason for referral: (Please see reverse for details on indications for referral)

Personal or family history of (check all that apply)

- Breast and/or ovarian cancer (e.g. BRCA1, BRCA2, PTEN/Cowden, p53/Li-Fraumeni)
Colon and/or endometrial or ovarian cancer (e.g. HNPCC, FAP)
Prostate cancer (e.g. hereditary prostate cancer, BRCA1, BRCA2)
Thyroid cancer, pheochromocytoma, hyperparathyroidism, pituitary or pancreatic tumor (e.g. MEN1, MEN2)
Skin cancer (e.g. melanoma, basal cell carcinoma)
Renal cell carcinoma (e.g. hereditary RCC, Von Hippel Lindau syndrome)
Other: _____

Has this patient had a personal diagnosis of cancer? No Yes: _____

Patient Concerns (check all that apply):

- Concern due to patient's personal history of cancer
Concern due to patient's family history of cancer
Patient seeking information to make best possible medical treatment decisions
Patient concerned about the possibility of cancer recurring
Concern about cancer risk of unaffected relatives
Other: _____

Please attach, if available:

- pathology reports
genetic or other relevant test results
family history information and/or documentation

For Authorization Request

- Fill out a authorization form under CANCER RISK PROGRAM including CPT Codes: 99205 and 99215
Fill out another authorization form under MYRIAD LABORATORY including CPT codes: 83912 x1unit; 83891 x1unit; 83894 x5units; 83898 x82units; and 83904 x82units

Comments:

Referring professional:

Name: _____ Signature: _____

Hospital/Medical Center: _____

Address: _____

Phone: _____ Fax: _____

** Please inform your patient of the referral and keep a copy of this form for your records **

Some indications for referral to Cancer Genetic Counseling

General features of hereditary cancer

- Multiple relatives with the same or related types of cancer
- Early age(s) of cancer diagnosis
- Individuals with multiple primary cancers, including bilateral cancers of breast, kidney, etc.
- Individuals with rare cancers

Hereditary breast and ovarian cancer (e.g BRCA1, BRCA2)

- Multiple relatives with breast and/or ovarian cancer
- Breast cancer diagnosed under the age of 50 or ovarian cancer at any age
- Bilateral breast cancer or breast and ovarian cancer in the same individual
- Male breast cancer at any age
- Ashkenazi (European) Jewish ancestry in an individual with breast or ovarian cancer
- BRCA1/2 mutations are also associated with an increased risk other cancers, including prostate, colon, fallopian tube, pancreatic, laryngeal, bile duct, melanoma, and others.

Hereditary colorectal cancer (e.g. Hereditary Non-Polyposis Colorectal Cancer, Familial Adenomatous Polyposis, Attenuated FAP)

- Multiple relatives with colorectal and/or endometrial cancer
- Colorectal cancer diagnosed under the age of 50
- Multiple primary colorectal cancers or colorectal and endometrial cancer in the same individual
- HNPCC/FAP are also associated with an increased risk of other cancers, including ovarian, gastric, biliary, brain, small bowel, transitional cell carcinoma of the renal pelvis or ureter

Hereditary prostate cancer (e.g. hereditary prostate cancer, BRCA1, BRCA2)

- Multiple relatives with prostate cancer
- Prostate cancer diagnosed under the age of 60
- Prostate cancer and a family history of breast and/or ovarian cancer

Multiple endocrine neoplasia (e.g. Multiple Endocrine Neoplasia 1 and 2)

- MEN1: Hyperparathyroidism, and/or Pituitary tumor, and/or endocrine pancreatic tumor
- MEN2: Medullary thyroid cancer, and/or pheochromocytoma, and/or hyperparathyroidism

Hereditary melanoma

- Multiple relatives with melanoma
- Individuals with multiple primary melanomas and/or multiple dysplastic nevi
- Personal or family history of melanoma and pancreatic cancer

Selected other hereditary cancer syndromes

- Cowden (PTEN): Breast cancer, thyroid cancer, thyroid abnormalities, macrocephaly
- Von Hippel Lindau (VHL): renal cell carcinoma, CNS or retinal hemangioblastoma
- Li-Fraumeni (p53): Sarcoma, breast, childhood cancer, leukemia, melanoma, lung, adrenal cortex, brain

Please note: These general guidelines are designed to help identify individuals who may be at increased risk of hereditary cancer. Please feel free to call the California Pacific Medical Center Cancer Genetics Risk Assessment Program at 415-600-5961 if you have any questions about a specific referral.