



## REFERRAL FORM

Most cancers occur by chance and are not caused by an inherited predisposition. Less than 1% of people are at a potentially high risk of cancer due to an hereditary predisposition. Genetic Services accepts referrals based upon specific criteria.

Please review the referral guidelines at [eviQ](#) prior to referral.

As a general rule, patients who would benefit from a family cancer clinic referral would fit into one of the following categories:

1. Cancer gene mutation in a blood relative (eg. *BRCA1*, *MSH6*)
2. Strong family history (eg. THREE 1<sup>st</sup> or 2<sup>nd</sup> degree relatives with SAME or related cancers, or TWO 1<sup>st</sup> or 2<sup>nd</sup> degree relatives with SAME or related cancer with one diagnosed <50yrs)
3. Personal history of cancer with one or more high risk features (*see further details at above link*)

**IMPORTANT: Please print and give the last page of this referral (“Patient Information”) to your patient and advise that we will make contact once we have received this referral**

**Urgency** – please tick:

Treatment focussed genetic testing	Palliative	Other:
------------------------------------	------------	--------

### Patient Details:

Full name		Date of Birth	
Address		Mobile	
Suburb	Postcode	Work/home phone	
Email			
Patients preferred method of contact (please select one of each)	Email SMS	or	Post Phone Call
Does the patient need an interpreter:	YES	NO	
Language:			

Does the patient have Jewish ancestry?      YES      NO      Details:

Has anyone in the family had genetic testing or attended a genetics clinic anywhere in the world?

YES      NO      Details:

### Reason for referral:

**Personal History:**

	Tick	Details (eg. type, year, treatment and specialist)
Breast Cancer		
Ovarian Cancer		
Bowel Cancer		
Bowel Polyps		
Any Other Cancers		

*Please attach any relevant histology reports, discharge summaries or specialist letters*

**Family History of Cancer:**

Please provide as much details as possible for anyone in the family who has had cancer or bowel polyps.

Full Name	Relationship to patient	Maternal or paternal	Type of cancer/polyps	Age at diagnosis	Deceased Y/N

*Please attach any available histology, discharge summaries, specialist letters or death certificates*

Is the patient aware they have been referred to GSWA?                      YES                      NO

Has the patient been given the "Patient Information" sheet (the last page of this referral)?  
 YES                      NO

**Referring Doctor's Details:**

Name	
General Practitioner	Specialist:
Practice	
Practice Address	
Contact Phone	Email

**Please forward this referral to [fcp@health.wa.gov.au](mailto:fcp@health.wa.gov.au)**



# Patient Information

## About your referral to the Familial Cancer Program

### Who is the Genetic Services of WA?

Genetic Services of WA offers a range of services to people with a hereditary condition (passed through families) and those concerned about their risk of developing a hereditary condition. These services are provided by a range of staff, including clinical geneticists and genetic counsellors.

### Who might be referred to the Familial Cancer Program?

Most cancers occur by chance and are not hereditary. Less than 1% of people are at a potentially high risk of cancer due to their genetics.

GPs and specialists refer patients who are considered potentially high risk for developing a hereditary cancer. These may include breast, ovarian and bowel cancer, as well as non-cancerous bowel polyp disorders.

### What services does the Program offer?

The Familial Cancer Program offers a range of services by telephone, video-conference and face-to-face clinic appointments. We can provide:

- Information about inherited cancers
- An assessment of your risk of developing an inherited cancer
- Advice as to whether genetic testing may be an option for you
- Recommendations for screening and minimising your risk
- Support and counselling for those who are identified as high-risk.

### What is genetic testing?

Genetic testing can be used to assess your chance of developing or passing on a genetic condition, or confirm/rule out a suspected genetic condition.

Testing is only possible in some families and must start with a relative who has cancer. It is not always possible to detect a gene fault in the family.

If genetic testing may be an option, the advantages and disadvantages will be discussed with you before any decisions are made to proceed.

Genetic testing involves a blood test to analyse your DNA. No other invasive procedures are required.

### What happens next?

Now that your doctor has referred you to GSWA, we will review the information provided and contact you shortly.

To make an accurate assessment we often need additional information about your family. In this case we will either contact you by phone (please note this will be from a private number), or send you some paperwork (by post or email, depending on your nominated preference).

Should you change your mind about your referral and wish not to be contacted by us, please give us a call as soon as possible.

If you have not heard from us within 2 weeks, please contact us on the details below.