

**Referral to Clinical Genetics RAPID ACCESS CLINIC**

- First**, ring the duty genetic counsellor on **0207 188 1364** or **0207 188 1402**
- Complete and email form to:** [gst-tr.geneticsreferrals@nhs.net](mailto:gst-tr.geneticsreferrals@nhs.net)
- Attach** relevant reports eg. dating scan, confirmation of diagnosis
- Mark the email as **URGENT** and add **URGENT PRENATAL** in the **subject line** of the email

**Patient details** (please PRINT – incomplete or illegible forms will delay patient care)

Patient name:	
Address:	
Postcode:	
DOB:	
NHS number:	Hospital number:
PRU number (if known):	
GP Name:	GP phone number:
GP Address:	
Patient telephone number(s):	
Patient email:	
<input type="checkbox"/> <b>due to urgency of referral, this patient agrees to be contacted by phone and email</b> <input type="checkbox"/> <b>patient is aware of this referral</b> Referral reason:	
Family history: (use patient's own words)	
Draw family tree:	
Is the patient/partner <b>pregnant?</b> <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>LMP:</b>	<b>EDD:</b> <b>SCAN DATE:</b>
Patient's ethnicity:	Partner's ethnicity:
<b>Other :</b>	

**Referrer details:**

Name and designation:  
Address:  
Email:  
Midwife name:  
Midwifery group:

Phone Number:

Signature of referrer:  
Print your full name:

Date: