

Referral to Clinical Genetics PRENATAL RAPID ACCESS CLINIC

Incomplete or illegible forms will delay patient care. Please complete fully, and electronically when possible.

Patient is aware, and has agreed to the referral.

| | PATIENT | PARTNER / FOB |
|---|---------|---------------|
| Name | | |
| DOB | | |
| Address | | |
| Ethnicity | | |
| NHS No. | | |
| Hospital No. | | |
| Known to Genetics? (incl. Family Ref No) | | |
| Telephone number | | |
| E-mail address | | |

| | | |
|-------------|-------------|-----------------------------------|
| LMP: | EDD: | Scan date (please attach): |
|-------------|-------------|-----------------------------------|

REASON FOR REFERRAL:

RELEVANT HISTORY: *Please provide names and DOBs of relevant affected individuals/family members, including how they are related to the couple. Please use the back if more space is needed. Please also include all relevant information for the case: **genetic testing reports**, **scans** and **post-mortem reports**.*

OTHER: *Please include other relevant information including if an interpreter is needed, if the couple is consanguineous, or if there is any other pertinent information about the couple, family or pregnancy.*

| | |
|--------------------------|------------------------|
| Referrer Name: | Designation: |
| Referrer address: | |
| Phone number: | E-mail address: |
| Date of referral: | Signature: |

Complete form and e-mail to: gst-tr.geneticsreferrals@nhs.net

Flag the the e-mail as **High importance** and add **URGENT PRENATAL** in the **subject line** of the e-mail

Referral to Clinical Genetics PRENATAL RAPID ACCESS CLINIC

For any advice regarding suitability of a referral or other urgent clinical queries, please ring the duty genetic counsellor on 0207 188 1364.

Information regarding referral advice can now also be found on QGenome:

- Website: <https://qgenome.co.uk/>
- Smartphone App: <https://app.qgenome.co.uk/>, or



iOS



Android

A reminder when referring any pregnant patient/couple to Clinical Genetics:

- Please ensure that the patient/couple is aware of the referral and is interested in/open to genetics input in their pregnancy. If they are not, please document that couple declined genetics involvement and do not complete onwards referral to us.
- Please include demographic details regarding **both** partners in the couple.
- Please use patient's own words if condition or family history is unclear. E.g. muscular dystrophy can mean many different conditions, not just DMD/BMD.
- Please gather information of relevant affected individuals (including names and DOBs), how they relate to the patient/couple, and any details on genetic testing. If patient can provide this following your appointment with them, please send soon after referral and indicate that more information is coming. You can also provide where the affected individual was tested, if you have this information.
- If patient or partner has any relevant medical documentation (clinical letters, genetic testing reports, etc.), please include these as an attachment with the referral or send following soon after.
- Please include any relevant scan or post-mortem reports.
- Please record if patient/couple is worried about genetic risk on the referral form. Their level of concern and thoughts can be recorded in the 'Other' section. It is helpful to note if the couple would consider intervening in the pregnancy (including genetic testing and/or termination), or if they are just interested in gaining further understanding for informational purposes. This can also be recorded in the 'Other' section.

Please note: Referrals with limited information may delay our ability to assess the risk in pregnancy and therefore delay the patient/couple being booked in for an appointment. We may request further information from your team to aid in our risk assessment. Any delays in response following requests for information, scan reports or medical records will also delay patient care.

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