EMORY CLINIC

Department of Human Genetics
1365 Clifton Road, NE – Building B, Suite 2200 - Atlanta, GA 30322
Phone 404-778-8570 – Fax 404-778-8562 – E-mail vm88562@emory.edu

New Patient Referral and Supporting Documentation

Please, complete the below form and return using the above contact information, attention Emory Human Genetics.

****All fields are required unless otherwise noted****

_____
Date

Patient Information

_____ _____
Last Name **First Name**

_____ _____ _____
Date of Birth **Gender** **Primary Language**

_____ _____ _____
Primary Number **Secondary Number** *(optional)* **E-mail Address** *(optional)*

_____
Address - Street, City, State, and Zip

_____
For Patients Under 18: Name and Relationship of Guardian(s) *(Adult patients with a guardian, please explain)*

Insurance Cardholder Information

Attach a copy of the insurance card. If the patient is the cardholder, you can write "same" in applicable fields.

For Kaiser, Tricare, and other insurances that require an authorization, we require the authorization before we can schedule. Please, send that authorization with your referral.

_____ _____
Last Name **First Name**

_____ _____ _____
Date of Birth **Gender** **Relationship to Patient (or Self)**

_____ _____
Name of Insurance Carrier **Address for Claims - Street, City, State, and Zip**

_____ _____
Subscriber ID **Group ID**

Additional Resources on Specific Conditions

Below are some additional resources on specific conditions to guide you and your patient:

- Cancer Genetics for Minors – We only see adults for cancer-related genetic concerns. Pediatric patients should see Children's AFLAC Cancer Predisposition Clinic: P) 404-785-1112 -- F) 404-785-9111

- Carrier Testing – We do not order individual carrier testing and we do not see patients who are ONLY carriers of disorders, and therefore not affected (i.e. cystic fibrosis carrier, sickle cell disease carrier, etc.). If patients are *symptomatic* and need testing to rule out or rule in a condition, we would be glad to see them.

- Ehlers-Danlos Syndrome, hypermobility, connective tissue disorders, joint laxity, joint pain – In order to provide further testing and counseling, we require the following:
  1. Personal or family genetic testing that shows a likely pathogenic or pathogenic variant;
  2. Personal or family history of spontaneous organ or tendon ruptures not related to patient age or injury; OR
  3. Aneurysm or arterial dissection, aortic dilatation confirmed by echocardiogram

- MTHFR Mutation – In order to provide further testing and counseling, we require the following:
  1. Testing that shows elevated homocysteine levels; AND
  2. Genetic testing that shows homozygous C677T variants

- Preconception Screening – We refer preconception screening to the genetic counselors with Emory's maternal fetal medicine team. This includes miscarriages, infertility, and current pregnancies where the unborn child is at risk. Reach out to them at P) 404-778-3401 and F) 404-686-1652.

Referring Physician Information

_____ _____

Name **Practice Name**

_____ _____ _____

Office Phone **Fax** **E-mail Address** *(optional)*

Primary Physician Information

_____ _____

Name **Practice Name**

_____ _____ _____

Office Phone **Fax** **E-mail Address** *(optional)*

Department of Human Genetics - New Patient Referral and Supporting Documentation

Patient Name & DOB: _____

Referral Information

If your patient needs immediate care, call 404-785-6000 and ask for the Geneticist On-Call

Diagnosis and Symptoms (Mark All That Apply)		**Clinical Documentation Required** ***Please, send these documents as part of the referral***		
		Clinic Notes *(always required)*	**Growth Charts**	**Labs or Specialty Notes**
	Abnormal Labs	Yes		A copy of the abnormal labs
	Abnormal Genetic Tests	Yes	Yes	A copy of the abnormal genetic tests
	Abnormal Pigmentation	Yes		
	Aortic Abnormalities	Yes		Echocardiogram
	Autism	Yes		Autism Evaluation
	Congenital Anomalies	Yes		
	Down Syndrome	Yes		Karyotype Testing or Other Genetic Testing
	Developmental Delays	Yes		
	Dysmorphic Features	Yes		
	Failure to Thrive	Yes	Yes	
	Fragile X	Yes		Karyotype Testing or Other Genetic Testing
	Frequent Fractures	Yes		X-Rays and Relevant Labs
	Hearing Loss	Yes		Hearing Evaluation
	Hypotonia	Yes		
	Intellectual Disability	Yes		
	Macro/Micro-cephaly	Yes	Head Circum.	
	Marfan's	Yes		Echocardiogram
	Metabolic Disorders	Yes	Yes	Relevant Labs
	Mitochondrial Disorders	Yes		Relevant Labs
	Obesity	Yes	Yes	
	Regression	Yes	Head Circum.	
	Seizures	Yes		Neurological Eval
	Skeletal Disorders, e.g.: *- Achondroplasia* *- Osteogenesis Imperfecta* *- Short/Tall Stature*	Yes	Yes for Short/Tall Stature	OI and Achondroplasia need X-Rays OI also needs a Dexa Scan
	Vascular Anomalies	Yes		

Anything not on this list, please send a separate note with the diagnosis/symptoms, clinic notes, and relevant testing.