



Kaiona Counseling

FIND YOUR WAY

47-321 Mawaena Street, Kaneohe, HI 96744

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phone (808) 927-9151 fax (808) 400-8052

### Cancer Genetic Counseling Referral Form

Fax completed form with records to (808) 400-8052. *(genetic tests, tumor pathology reports, oncology summaries)*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Insured (DOB): \_\_\_\_\_ Med Code: \_\_\_\_\_

Ref Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PCP: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason(s) for Referral *(Check all that apply. Provide relationship, age diagnosed, left/right/bilat, other details):*

Known gene mutation in family: \_\_\_\_\_

Malignant neoplasm of breast (C50.9)     Malignant neoplasm of ovary (C56.9)

Personal history of breast cancer (Z85.3)     Personal history of ovarian cancer (Z85.43)

Personal history of other cancer: \_\_\_\_\_

Family history of breast cancer (Z80.3)     Family history of ovarian cancer (Z80.41)

Family history of other cancer: \_\_\_\_\_

**Urgent Appointment Requested.** *(Please provide details of planned treatment types and timing):*

Additional Details: