

Request form for Inpatient Clinical Genetics Consultation

South East Scotland Genetics Service

Western General Hospital, Crewe Road South, Edinburgh EH4 2XU

Tel: 0131 537 1116, email: loth.wghclinicalgenetics@nhs.scot

This form can be completed electronically. It can also be printed and completed by hand. Please send the completed form by email to: loth.wghclinicalgenetics@nhs.scot

Please put "Inpatient Consultation Referral" in the subject line of the email. To organise an Outpatient Appointment instead, please do not use this form but send a full referral letter by post or email.

Date of Referral:		
Referring Consultant:		
Name:		
Specialty:		
Email:		
Extension or Pager:		
Please confirm responsible consultant has reviewed the patient		
Referring Doctor:		
Name:		
Grade:		
Pager:		
Email:		
Patient Details:		
Surname:		
First Name:		
Date of Birth (DOB):		
CHI:		
Hospital:		
Patient location (e.g., ward and room number)		
Ward phone number:		

Reason for Referral with details of Clinical Presentation and Tests:

Large empty box for clinical presentation and tests details.

Specific Questions:

1. Family history of similar condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
2. Parental consanguinity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
3. Has family been seen by Clinical Genetics in the past? IMPORTANT: please include <u>name</u> and <u>DOB</u> of family members seen previously and the <u>Clinical Genetics service</u> they were seen at.			
4. Expected duration of hospitalisation:			
5. Please indicate if referral is URGENT and WHY. (e.g., choice of surgical intervention, treatment escalation, reorientation of care)			