

Peninsula Clinical Genetics Cancer Referral

Date of Referral			
Name of patient			
Date of Birth			
Hospital Number		NHS Number	
Address			
Postcode			
Phone Number			
Mobile Number			
GP			

Reason for Referral	
Routine or Urgent	
Affected/Unaffected	
Site of primary cancer	
Histology of current cancer	
Previous medical history <i>e.g. bowel polyps, previous cancers, benign tumours</i>	
Relevant Family History <i>(Include name and dob birth of any closely related affected family members where possible. If previously referred to genetics, please state where.</i>	
Any other comments	
Appointment required	Yes / No

Referrer		Job title	
Contact no.		Hospital	
Consultant			
Fax number			

Please fax completed form

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