

Genetics Referral Form

Please fax this completed form with the checklist items to 253.403.8674, Attention: Mary

Patient Information

Patient name:

Date of Birth:

Preferred contact number:

Parent / guardian name:

Reason for referral:

Referring Provider Information

Provider:

Preferred method of contact / note routing:

Checklist

Please include:

- Patient demographics page
- Insurance information / card
- Relevant chart notes
- If indicated, please include relevant:
 - Specialty consult notes
 - Imaging study reports
 - Lab results
 - Growth charts

Consults, imaging studies and labs done through MultiCare do not need to be forwarded as we can access those through EPIC.

If your patient needs to be seen sooner than routine next available or you have a general question, please email GeneticsReferrals@multicare.org. Please note, this email is for providers and staff only, not patients.

If you have an extremely urgent matter, please call 253.403.3476, and select option 2. (Please note, this will page the on call physician.) You may enter a call back number and record a secure voicemail message.

Patients and staff may call 253.403.3476 and select option 1 for scheduling an appointment.