



TO SCHEDULE AN APPOINTMENT
FAX ORDER TO: 719-776-6756
 Your patient will be called to schedule an appointment once this referral has been received

Telehealth Genetic Counseling Order

Date of Referral: _____

Patient Name _____ DOB _____

Phone _____ Home Cell Work
 Alt Phone _____ Home Cell Work

Patient Address _____ City _____ ZIP _____

Does your patient need an interpreter? YES NO

If YES- What Language (including ASL if hearing impaired): _____

- Provide genetic counseling to this patient.
- If genetic testing is warranted and patient approves, order book work and genetic testing.

Reason(s) for Referral:

Family History of _____

Personal History of _____

Other _____

Schedule patient for next available appointment

Please see patient as soon as possible – Treatment Decision

Notes: _____

Provider NPI # _____

Provider Name (PRINT) _____

Provider Signature

Address

City, State, Zip Code

Phone Number

Scheduling Contact:
Linnea or Jill at 719-776-5279
 Email: GeneticCounselingSS@centura.org

Your genetic counselors are:
Elena Strait, M.S., CGC / Kate Crow, M.S., CGC

Telehealth is live, two way, audio video conferencing between patient and provider. The patient will be in their local community clinic seeing the practitioner via video conferencing

Please also include provider notes and any pertinent test results