



Aurora Health Care[®] Milwaukee, Wisconsin

- Aurora St. Luke's Medical Center West Allis Memorial Hospital, A.W.P.
- Aurora Sinai Medical Center Other _____

Aurora BayCare Medical Center

Aurora Health Care[®] **BAYCARE CLINIC** Green Bay, Wisconsin

GENETIC COUNSELING PROGRAM REFERRAL FORM *

Patient Name: _____

Date of Birth: _____

SSN: _____ Phone: () _____ () _____

Address: _____

Insurance (company and name of insured, phone): _____

Referring provider: _____

Provider's address: _____

Phone: () _____ Fax: () _____

Reason for referral: _____

Documents included:

- Patient Exam / Medical Records
- Copy (front and back) of Insurance Card
- Other: _____

Notes for Genetic Counselor: _____

Urgent Referral _____

Physician's signature _____ Date _____

Please fax this document and all other information to: (414) 385-2751; Attention: Angie Christensen.

Please call the Genetic Counseling office with urgent referrals or questions at (414) 649-5639 or (877) 647-2502.

***Please either fill out this document or write a script. Please also fax records if they are not in Cerner.**



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