UTHealth Houston | UT Physicians

Please fax referral and all forms to **713-512-7100**.
If applicable, please include all relevant patient records, including ultrasound reports and genetic testing results.

Advanced Reproductive Genetics Program

Date of Referral: _____

In-person or telemedicine consultations will be offered to your patient. Telemedicine preferred ☐ **YES** ☐ **NO**

Patients must be physically within the state of Texas during their telemedicine genetic counseling consult.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Cell Phone: _____ Alt. Phone: _____ Email: _____

REFERRING PROVIDER INFORMATION

Referring Provider: _____

Office Number: _____ Fax: _____ Preferred Office Contact: _____

Does your patient require an interpreter? ☐ YES ☐ NO If YES, preferred language: _____

If applicable, please let us know of your patient's next appointment with your office: _____

_____

Please indicate what service, if any, you authorize UTHealth Genetic Counseling to coordinate if desired by the patient:

☐ Amniocentesis ☐ CVS ☐ Ultrasound ☐ NIPT/Carrier Screening

INDICATION FOR REFERRAL

Please select all that apply.

Preconception Genetic Counseling

- ☐ Abnormal embryo screening
- ☐ Discussion of preimplantation genetic testing: PGT-A, PGT-M, PGT-SR
- ☐ Positive personal/family history
- ☐ Positive carrier screening in a couple or positive X-linked carrier result
- ☐ Recurrent miscarriage
- ☐ Other indication: _____

_____

_____

Prenatal Genetic Counseling

EDC: _____

- ☐ Abnormal chromosome testing: NIPT, CVS, or Amniocentesis
- ☐ Positive personal/family history
- ☐ Positive carrier screening in a couple or positive X-linked carrier result
- ☐ Ultrasound finding
- ☐ Recurrent miscarriage
- ☐ Other indication: _____

_____

_____

Please provide additional details about the patient and/or indication, including special needs and additional clinical information. The genetic counselor will contact the referring provider/office as needed.

_____

_____

Please email **GCAssistant@uth.tmc.edu** or call **713-486-9302** with any scheduling questions.

THANK YOU FOR THE PRIVILEGE TO PARTNER WITH YOU IN THE CARE OF YOUR PATIENT