Fullerton Genetics Center
9 Vanderbilt Park Drive, Asheville, NC 28803
Phone: 828-213-0022 Fax: 828-213-0039

Referral Form

Date: _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Male ____ Female ____

Parents/Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance: _____ Interpreter Needed: Yes_____ No_____

REASON FOR REFERRAL: *Please send records with referral*

- ❑ Genetic Evaluation for: _____
- ❑ Genetic Counseling for:
  - ❑ Cancer Counseling for: _____
  - ❑ Prenatal Counseling - Gestational Age: _____
  - ❑ Other: _____
- ❑ Fetal Alcohol Spectrum Disorder Clinic
- ❑ Personalized Medicine Clinic (Genetics of Drug Metabolism)
- ❑ Other: _____

REFERRING PHYSICIAN INFORMATION

Referring physician: _____ Practice name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Primary Care Physician: _____ Phone: _____