

Referral for genetic screening - Ashkenazi Jewish population screening program

Please fill in one referral form per person.

Please arrange an appointment for:

Patient's full name: _____

Is the patient or his partner pregnant? ☐ Yes ☐ No

If yes, when was the first day of her last menstrual period? _____

Or number of weeks of pregnancy: _____

Optional:

Referring physician's name: _____ License number: _____

Referring physician's signature: _____

To the patient:

Please complete your personal information below and **fax** this referral to **514-412-4296** or e-mail it to genetics@muhc.mcgill.ca.

Date of birth: _____

Medicare number: _____ Expiration date: _____

Address: _____

Phone number at home: _____

Alternative phone number: _____ ☐ Cell phone ☐ Work phone

You will be called to arrange an appointment at the Montreal General Hospital. If you are not pregnant, it may take a few weeks for a secretary to call you. If you are pregnant, a secretary should call you in the following week.

If you have any question about this referral, you can call the Medical Genetics Department of the McGill University Health Center at **514-412-4427**.

To the referring physician:

Any person who is of Ashkenazi Jewish background (partially or fully) can have access to genetic screening for Tay-Sachs disease, Canavan disease and familial dysautonomia. If a couple is pregnant, you might want to refer both partners at the same time, regardless of the timing of the pregnancy.

If you have any question regarding genetic testing, please call the Medical Genetics Department of the McGill University Health Center at 514-412-4427.