



Porcupine Health Unit Genetic Services
 273 Third Avenue, Suite #103, Timmins
 Postal Bag 2012, Timmins, Ontario, P4N 8B7
 Tel: (705) 267-1181 – Fax: (705) 268-4443

GENETIC REFERRAL

Surname:	First name:	DOB:
Health Card Number:		
Parent(s)/Spouse:		
Mailing address:		
Home Phone:		
Business phone - mother:		father:
Primary Health Care Provider:		phone:
Reason for referral:		
Family aware of referral? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)		
Referred by: _____ Agency: _____		
Date:	Signature:	