CEDARS-SINAI
HEART INSTITUTE

cedars-sinai.edu/cardiogenetics.edu
PHONE: 310-423-2726

CARDIOGENETICS PROGRAM REFERRAL FORM

Patient Name: _____

Phone: _____ **Date of Birth:** _____

Date: _____

SERVICES:

- ☐ Genetic counseling ONLY (with a certified genetic counselor)
- ☐ Evaluation with a cardiology specialist AND genetic counseling

REASON FOR REFERRAL (check all that apply):

CARDIOMYOPATHY

- ☐ Hypertrophic cardiomyopathy (HCM), obstructive
- ☐ Hypertrophic cardiomyopathy (HCM), non-obstructive
- ☐ Dilated cardiomyopathy
- ☐ Peripartum cardiomyopathy
- ☐ Left ventricular noncompaction (LVNC)
- ☐ Arrhythmogenic right ventricular cardiomyopathy (ARVC/D)
- ☐ Congestive heart failure (CHF)

ARRHYTHMIA

- ☐ Long QT syndrome
- ☐ Brugada syndrome
- ☐ Catecholaminergic polymorphic ventricular tachycardia (CPVT)
- ☐ Abnormal ECG (excludes LQTS)
- ☐ Personal history of cardiac arrest
- ☐ s/p ICD in situ
- ☐ s/p Pacemaker in situ

CORONARY ARTERY DISEASE

- ☐ Familial hypercholesterolemia

OTHER

- ☐ _____
- ☐ _____

AORTOPATHY

- ☐ Aortic dissection
- ☐ Aortic aneurysm, unspecified site
- ☐ Thoracic aortic dissection
- ☐ Thoracic aortic aneurysm
- ☐ Family history of aortic problem
- ☐ Marfan syndrome (pt. has clinical diagnosis)
- ☐ Ehler's-Danlos syndrome (pt. has clinical diagnosis)

SIGNS/SYMPTOMS

- ☐ Syncope and collapse
- ☐ Dizziness/vertigo
- ☐ Palpitations
- ☐ Shortness of breath

GENETICS/FAMILY HISTORY

- ☐ Healthy patient who has a gene mutation
- ☐ Family history of a gene mutation
- ☐ Family history of sudden cardiac death
- ☐ Family history of sudden cardiovascular disease

If known, describe gene mutation or family history:

_____

_____

_____

_____

Referring Physician Name: _____

Phone Number: _____ **Fax Number:** _____

Address: _____

Signature: _____

Please fax this form and, if available, pertinent medical records (most recent cardiology visit note, echocardiogram, cardiac MRI, lab results and electrocardiogram). Please also fax information regarding previously completed genetic testing to 310-423-6795.