

**HIGH RISK BREAST CLINIC
PATIENT REFERRAL
VCUHS BREAST IMAGING**

Appointment scheduling: 804-237-6666, Fax 804-237-6616
To reach a genetic counselor: 628-1925

Consult requested by: _____ Date: _____
(Physician name)

Office contact name: _____ Phone: _____

Patient name: _____ Race: _____ DOB: _____

Address: _____

Phone #: (home) _____ (work) _____

Insurance name: _____ Insurance phone #: _____

Subscriber #: _____ Effective date: _____ SSN: _____

Primary Care Provider (PCP): _____

Reason for referral/ICD-9 code: _____

Physician Signature: _____

Patients to Refer to the High Risk Breast Clinic

- Women and their close family members with any of the following:
 - Breast cancer at a **young age** (below 45 years)
 - **More than two family members** with breast cancer on the same side of the family
 - A family history of **both breast cancer as well as ovarian or pancreatic cancer**
 - A **male** relative with breast cancer
- Women with **Jewish ancestry** and even one case of breast or ovarian cancer in themselves or close family members

Please fax this form along with the following, if available, to 804-237-6616:

- Medical records
- Copy of insurance card (front and back)
- Pathology/laboratory/radiology reports
- Family history information

One of our staff will call your patient to schedule an appointment.

John Quillin, PhD, MPH, CGC
Genetic Counselor

Gilda Cardenosa, MD
Director, Breast Imaging