



2525 Glenn Hendren Drive • Liberty, MO 64068

Referral for Genetic Counseling/Testing

Questions: Isabella Bowling, MS, Genetic Counselor, 816-407-4395 or isabella.bowling@libertyhospital.org

Fax to scheduling: 816-792-7149 • Date _____

Patient Information

Name:	DOB:
Phone:	Alternate Phone:

Interpreter needed? Yes, type: _____ No

Reason for referral/ICD10 Codes: _____

Are genetic test results needed urgently for surgical planning? Yes No

Please include:

- Patient insurance card copies (front and back)
- Demographic form
- Referring Physician's last clinic note
- Pathology and imaging results (if pertinent and not in Liberty Hospital Chartmaxx or Allscripts)

Referring Provider: _____ Referring Provider Phone: _____

Referring Provider Fax: _____ Referring Provider Signature: _____

NOTE: By sending this referral you are acknowledging that the referring physician will be the ordering physician on any genetic testing ordered in relation to this genetic counseling session. This includes the lab draw associated.



60-832 DT0027

6/2021