



## PATIENT REFERRAL FOR GENETIC COUNSELING

Patient Name: \_\_\_\_\_ SS#: (optional) \_\_\_\_\_  
CC#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Telephone #: \_\_\_\_\_

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Reason for referral, ICD-10 code: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Referring Healthcare Provider / Telephone #

\_\_\_\_\_  
Signature of Referring Healthcare Provider / Date

**Please mail or fax this form along with pertinent records to:**

**Center for Personalized Genetic Healthcare  
Cleveland Clinic  
9500 Euclid Avenue, NE5  
Cleveland, OH 44195  
Phone: 216.636.1768  
Fax: 216.445.6935**

**A patient service representative will contact the patient to schedule an appointment. The patient can also contact us at the telephone number listed above.**

*The CPT code for genetic counseling is 96040. The ICD10 or diagnosis code which is the reason for the referral is provided by the referring healthcare provider. Presently many insurance payors are recognizing genetic counseling as a covered service. It is the patient's responsibility to check with their payor to see if this is a covered service.*