

# Oncology Treatment Follow-Up for Genetic Counseling Referral

**Patient Name:** [Patient's Full Name]

**Date:** [Date]

**Referring Physician:** [Your Name]

**Patient ID:** [Patient ID]

Dear [Genetic Counselor's Name],

I am writing to refer my patient, [Patient's Full Name], for genetic counseling following their recent oncology treatment.

**Medical History:**

- Diagnosis: [Diagnosis]
- Treatment Received: [List treatments]
- Relevant Family History: [Family history]

This referral is made to assess the potential for hereditary cancer syndromes and to discuss implications for family members. Further evaluation could guide the patient's ongoing care and inform screening options.

Please find enclosed the necessary medical records and results pertaining to the patient's treatment.

Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Address]

[Your Phone Number]

[Your Email Address]