

# Referral Letter for Genetic Counseling

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Full Name], who is [Patient's Age] years old, for genetic counseling services. [He/She/They] has a personal and/or family history that may benefit from genetic evaluation and counseling.

Reasons for Referral:

- Family history of genetic disorders (describe specific conditions)
- Concerns regarding [Patient's specific concerns, e.g., hereditary cancer risk]
- Previous abnormal genetic test results (if applicable)
- Other relevant medical history

Please assist in evaluating [Patient's Name]'s genetic risks and provide support in the decision-making process regarding testing options and potential outcomes.

If you need any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Job Title]

[Your Institution/Organization]

[Your Contact Information]