



PATIENT REFERRAL FOR GENETIC COUNSELING

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

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.