OriginalMD

Physician Referral Form

Diagnostic Consultation · Genetic Counseling

Patrick Long, MD
Family Medicine · Medical Genetics

WHO WE SEE Adults 18 and older, in person in Denver or by telehealth within Colorado. We do not see patients who are currently pregnant. Visits are self-pay; OriginalMD does not bill insurance. Medicare: seen under a private contract (Dr. Long has opted out of Medicare). We are unable to see patients enrolled in Medicaid, TRICARE, CHAMPVA, VA health benefits, or other government health programs.

PATIENT INFORMATION

Patient name _____ Date of birth _____

Guardian (if applicable) _____ Sex assigned at birth _____ Preferred language _____

Address _____

Phone _____ Email _____ Prior genetic testing ☐ Yes ☐ No ☐ Unknown

Coverage ☐ Commercial insurance or none ☐ Medicare (including Medicare Advantage)

☐ Medicaid, TRICARE, CHAMPVA, VA, or other government program

REFERRING PROVIDER

Referring provider name _____ Specialty _____

Address _____ ZIP _____

Phone _____ Fax _____ ☐ Referring provider is the patient's primary care provider

Patient's primary care provider (if different) _____

Patient's specialist or other provider _____ Specialty _____

Send the visit note to ☐ Referring provider ☐ Patient's primary care provider ☐ Both

Reason for referral

Check all that apply. Not sure which visit fits? Dr. Long assigns the visit type.

Diagnostic Consultation when the diagnosis is the question

Evaluation with comprehensive phenotyping and testing fitted to the question. About 90 minutes; in person preferred.

- ☐ Multisystem disease with no unifying diagnosis
- ☐ Unexplained metabolic findings (recurrent rhabdomyolysis, hypoglycemia, lactic acidosis, hyperammonemia)
- ☐ Suspected hereditary neuropathy (motor, sensory, or autonomic) or myopathy
- ☐ Neurodevelopmental disorders (autism, history of developmental delay, intellectual disability, or other)
- ☐ Epilepsy without a known cause
- ☐ Movement disorders (dystonia, ataxia, cerebral palsy without a clear cause, or other)
- ☐ Suspected inherited connective tissue disorders (e.g., Ehlers-Danlos syndrome)
- ☐ Cardiomyopathy, arrhythmia, or aortopathy without a known cause
- ☐ Congenital anomalies, including limb differences
- ☐ Abnormal test results (brain imaging, skeletal imaging, EMG, labs)
- ☐ Negative or uninformative genetic testing while a genetic cause is still suspected
- ☐ Unexplained kidney disease
- ☐ Unexplained hearing or vision loss
- ☐ Suspected mitochondrial disease
- ☐ Stroke or white matter disease in a young adult
- ☐ Other: _____

Genetic Counseling a known risk, gene, or test

With Dr. Long, a physician who orders and interprets testing: risk, family history, testing options, and results. About 60 minutes; telehealth available.

- ☐ Family history of a known or suspected genetic disorder
- ☐ A known familial variant: who else to test, and what it means
- ☐ Personal or family history suggesting a hereditary cancer syndrome
- ☐ Proactive genetic screening in a healthy adult (adult-onset or treatable conditions)
- ☐ Pharmacogenomic testing
- ☐ Review of an uncertain (VUS), outside, or consumer genetic result
- ☐ Preconception carrier screening, or recurrent pregnancy loss in a non-pregnant person*
- ☐ A known genetic diagnosis, including one made in childhood: surveillance plan or reanalysis
- ☐ Suspected familial hypercholesterolemia
- ☐ An incidental finding with a known hereditary association (renal cysts, aortic dilation, polyposis)
- ☐ Other: _____

*We do not see patients who are currently pregnant.

PATIENT AWARENESS

	Yes	No	Unsure
Is the patient aware of why they are being referred to genetics?	☐	☐	☐
Is the patient aware that OriginalMD visits are self-pay and that we do not bill insurance?	☐	☐	☐
Is the patient aware that genetic testing is billed by the outside lab, not OriginalMD, and they may use their insurance there?	☐	☐	☐

Clinical question, notes, or questions for Dr. Long (optional)

HOW TO REFER **Fax this form with relevant records and any prior genetic reports to 303-565-4574. Please do not email records.** Dr. Long assigns the visit type and confirms it with your office. Patients are scheduled within a week, often sooner. You receive a note by fax within 48 to 72 hours, typically under 24. Fees: originalmd.com/providers

Referring provider signature _____ Date _____

This form is optional. Referrals by phone, fax, or letter are always welcome.