All Wales Psychiatric Genomics Service Referral Proforma

To refer an individual to the All Wales Psychiatric Genomics Service (AWPGS), please provide the following information and send to Donna Duffin, Principal Genetic Counsellor, donna.duffin@wales.nhs.uk. If you are unsure whether an individual meets the referral criteria, please contact us on 029 2184 8917 to discuss further.

Patient Information		
Name:	Date of birth:	NHS number:
Address:		
Care coordinator name and contact details (if applicable):		
Referrer Information		
Name:	Specialty:	Health board:
Telephone number:	E-mail address:	
Reason for referral or seeking consultation:		

Referral Checklist	
Copy number variant (CNV) that has a recognised associated psychiatric risk, either in the patient, or a close relative Please state who has the CNV	Yes/No If yes:
or	
Diagnosis of a psychotic disorder Please state which psychotic disorder and include details of any additional psychiatric diagnoses e.g. treatment resistant schizophrenia	Yes/No Disorder:
plus	

Treatment resistant schizophrenia	Yes/No
or	
Personal history of a neurodevelopmental disorder	☐ Intellectual disability ☐ History of significant speech impairment ☐ Attention deficit hyperactivity disorder ☐ Autism spectrum disorder ☐ Epilepsy ☐ Other (please state)
or	
Personal history of a congenital anomaly Please state which congenital anomaly	Yes/No If yes:
or	
Family history (1st and 2nd degree relatives) of a psychotic disorder Please state which psychotic disorder(s) and in which relatives.	Yes/No If Yes:
or	
Family history (1st or 2nd degree relatives) of a neurodevelopmental disorder Please state in which relatives.	☐ Intellectual disability ☐ History of significant speech impairment ☐ Attention deficit hyperactivity disorder ☐ Autism spectrum disorder ☐ Epilepsy ☐ Other (please state)
or	
Family history (1st or 2nd degree relatives) of a congenital anomaly Please state which congenital anomaly, and in which relatives.	Yes/No If Yes: