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 Awmgs.PsychGenetics.Cav@wales.nhs.uk . If you are unsure whether an individual meets the referral criteria, please contact us Donna Duffin, Principal Genetic Counsellor, on 029 21834000 to discuss further.

Patient Information		
Name:	Date of birth:	NHS number:
Address:		Patient telephone number (or number of support person):
Do you feel the patient has capacity to discuss genetic testing? (please provide details)		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- please fill in either 1) or 2) as appropriate	
1) 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

2) 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	
a) Treatment resistant schizophrenia	Yes/No
or	
b) 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	
c) Personal history of a congenital anomaly Please state which congenital anomaly	Yes/No If yes:
or	
d) 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	
e) 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	
f) Family history (1st or 2nd degree relatives) of a congenital anomaly Please state which congenital anomaly, and in which relatives.	Yes/No If Yes: