

Your child may be offered genetic testing following their assessment by the geneticist. To aid in interpretation of your child's results, we may need to arrange for parents to provide a blood sample for follow-up genetic testing. It would be helpful to have the following information available.

Name of patient: _____

Name of person completing this form: _____ **Phone:** _____

Biological Mother: Last Name: _____ First Name: _____

Date of Birth: _____

Health Card Number: _____ Version Code: _____

Mailing address (if different than child's):

Biological Father: Last Name: _____ First Name: _____

Date of Birth: _____

Health Card Number: _____ Version Code: _____

Mailing address (if different than child's):

Is the child under the care of the Children's Aid? Yes No
If yes, are the biological parents available for genetic testing? Yes No

Please include the name and contact information of the CAS Case Worker.

Name _____ Phone number: _____