

REFERRAL FOR PANCREATIC CANCER SCREENING
in high risk individuals

NAME:

DOB:

CONTACT DETAILS:

REASON FOR REFERRAL (please tick):

- Family history of pancreatic cancer:
 - No of relatives (min 2): _____
 - No of first degree relatives with pancreatic ca: _____
- Peutz- Jeghers Syndrome
- Known BRCA2 carrier and a family member with pancreatic cancer
- Hereditary Pancreatitis

HAS GENETIC COUNSELLING BEEN PERFORMED?: YES NO

ANY COMMENTS:

NAME OF THE REFERRING DOCTOR:

DATE OF REFERRAL:

Please send to:

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