Intake Procedure for Telehealth Cancer Genetics

1. POLICY STATEMENT:
This policy aims to assist clinical staff of the Hereditary Cancer clinic conduct genetic counselling of the patient and family at the initial intake appointment following a new referral to the Hereditary Cancer Clinic.

2. SUMMARY:
New referrals are triaged by clinical staff. Before coming to a clinic appointment, an intake appointment is booked with the patient by telephone or in person. This procedure outlines the relevant responsibilities for the genetic counsellor in intake appointments.

3. BACKGROUND:
Patients and family members are referred to the Hereditary Cancer clinic for risk assessment for cancer or tumour conditions. When a new referral is received, the patient is booked for an intake appointment with a genetic counsellor to discuss their reasons for referral, family history and role of the Hereditary Cancer clinic. The genetic counsellor will discuss cancer genetics relevant to the referral at the intake appointment.

*Definition* – Intake – discussion of reason for referral to service.

4 FACE-TO-FACE INTAKE PROCEDURE
4.1 Introduce role of genetic counsellor and function of the Hereditary Cancer clinic

4.2 Ascertain patient’s reason for referral

4.3 Discuss with patient their family history, recording a three generation pedigree. Record first name, last name, date of birth or age, age of diagnosis, and type of cancer or tumour for immediate family and all relatives affected with cancer/tumours

4.4 Obtain consent for release of information from patient and discuss with patient whether consent for release of information can be obtained from relatives affected with cancer or their next of kin or close relative

4.5 Briefly discuss cancer genetics information relevant to the referral

4.6 Discuss the process of a telehealth appointment, including who will attend

4.7 Offer patient the option of a face-to-face appointment with the clinician if they decline telehealth
4.8 Record progress notes in patient file and update genetics database. Record pedigree in pedigree drawing software.

4.9 Use risk assessment algorithms where appropriate (e.g., Boadicea, Manchester, PREM126).

4.10 Discuss case with supervising clinician.

4.11 Book telehealth appointment.

4.12 Correspond with referring doctor.