

## CONTACT US

If you are interested in knowing more, or are a physician sending a referral, please contact:

Lauren Hughes, MS, CCGC  
Genetic Counsellor

NSM Regional Genetics Program  
Orillia Soldiers' Memorial Hospital  
170 Colborne Street West  
Orillia, ON L3V 2Z3

Phone: 705-327-9154  
Fax: 705-325-9459

# North Simcoe Muskoka Regional Genetics Program

INFORMATION BOOKLET

## North Simcoe Muskoka Regional Genetics Program

705-327-9154



170 Colborne Street West, Orillia, ON L3V 2Z3  
tel: 705-325-2201 • [www.osmh.on.ca](http://www.osmh.on.ca)

*A Healthier Future*

The North Simcoe Muskoka Regional Genetics Program provides information about genetic disorders and risks, to help individuals and families make personal decisions about their health and obtain the medical management they need.

## WHAT WE DO

- Explain information about an inherited condition or birth defect; discuss its cause, available treatments, screening and/or surveillance options;
- Explain how a genetic condition is passed from one generation to the next;
- Review your family history and provide information about the chances that the condition will affect you, other family members or your pregnancy;
- Explain and offer genetic testing options available;
- Provide resources and support through the genetic testing process;
- Provide information about support groups and other relevant services.

## YOU MAY BENEFIT IF:

1. You or a family member has a genetic condition (*i.e. cystic fibrosis, muscular dystrophy, hemochromatosis, etc.*);
2. You or a family member is a known 'carrier' of a genetic condition
3. You or a close relative has a birth defect (*i.e. spina bifida, cleft lip, etc.*);
4. You have a child or close relative with developmental delay or mental retardation;
5. You have a strong family history of cancer (breast and ovarian cancer, colon cancer, etc.);
6. You have a family history of early-onset Alzheimer disease (diagnosed before age 65);
7. You will be 35 years or older at the time of your child's birth;
8. You have had three or more miscarriages, or a stillbirth;
9. You and your partner are first cousins or close blood relatives and are planning a pregnancy;
10. Your pregnancy may be at an increased risk, based on a blood test or ultrasound.

## HOW TO ACCESS OUR SERVICES

Referrals are accepted from doctors and midwives. If you have any concerns, please discuss a referral with your healthcare provider.

### **Important information to include in your referral:**

- Physician's full name, mailing address, phone and fax number;
- Physician billing number;
- The patient's name, sex, address, phone number, date of birth and health card number;
- Relevant family history (*i.e. who is affected, any known genetic diagnoses, age at diagnosis, how they are related to the patient*);
- Appropriate medical records of the patient and/or affected relatives;
- If your patient is pregnant, also include: ultrasound report, blood group and screen report, any additional blood screening results and antenatal 1.