Date: [Insert Date]

Patient Name: [Insert Patient Name]
Date of Birth: [Insert DOB]
Consultation Type: Telehealth (Video/Audio)
Referring Provider: [Insert Physician Name]

Dear [Insert Referring Provider Name],

I had the pleasure of meeting with [Patient Name] via a secure telehealth platform on [Date of Visit] for a genetic counseling consultation regarding [Reason for Referral/Clinical Indication].

Family and Medical History

[Brief summary of relevant personal medical history and family history discussed during the call].

Risk Assessment and Education

During our remote session, we discussed the inheritance pattern of [Condition Name]. Based on the reported history, the patient's risk for [Condition] was assessed. We reviewed the benefits, limitations, and possible outcomes of genetic testing, including clinical implications for the patient and their relatives.

Informed Consent

The patient participated in the video consultation from a private location and consented to receive services via telehealth. Informed consent for genetic testing was obtained electronically/verbally after discussing the Privacy Act and potential for incidental findings.

Recommendations and Plan

- **Testing Ordered:** [Insert Name of Lab and Genetic Panel]
- **Sample Collection:** A saliva kit has been mailed to the patient's home with instructions for return.
- **Follow-up:** A follow-up telehealth appointment will be scheduled to disclose results once they are available.

Thank you for involving me in the care of this patient. Please contact me at [Insert Phone Number] if you have any questions.

Sincerely,

[Your Signature]
[Your Name], MS, CGC
Certified Genetic Counselor