

Personalized Medicine
Consult Request Form
for Dr. Richard Kim's
Personalized Medicine Clinic @
LHSC

Stamp LHSC ID Card in This Box if available

Date of referral: _____

Patient Name: _____

Patient Phone #: _____

Referring Physician: _____

**This clinic does not assess
allergic drug reactions**

Referring Physician Contact Phone #: _____

Pharmacogenetic test (genotyping) request: Please check one or more of the following
CYP2C19 (Plavix) [] Warfarin dosing [] Statin dosing/selection []
CYP2D6 [] Tamoxifen (CYP2D6 and Endoxifen plasma level) []
TPMT (Imuran) [] CYP3A5 (Tacrolimus) [] DYPD (Capecitabine or 5-FU) []
Dr. Kim to assess and select relevant tests based on current meds and history []

New Oral Anticoagulant (NOAC) (select which one the patient is currently taking)

Dabigatran (Pradax) [] Rivaroxaban (Xarelto) [] Apixaban (Eliquis) []

Select one or more: NOAC drug level [] Adjust dose as appropriate [], switch to
alternate NOAC based on history and drug level [], Other [] _____

Brief Relevant History:

Current Medications:

Check one of the following (if known):

Patient has consented to this test by
completing Dr. Kim's "Pharmacogenetics and
Drug Response" consent form and a blood
sample has been sent to Dr. Kim's Lab.

Dr. Kim's Clinic will need to obtain consent
form and blood sample as a part of the
consult

Instructions:

**Fax referral to 519- 663-3090. Please attach any additional relevant information.
(clinic phone number: 519-685-8500 ext 34340)**