

Genomic Medicine

Adult and Pediatric Telehealth Consultations

Genomic Medicine integrates the understanding of gene interactions and environmental factors as they contribute to human disease. The Division of Genomic Medicine in the Department of Pediatrics applies this information to improve health care outcomes for both adults and children with genetic/genomic disorders through diagnostic testing, clinical care, education and research.

Referral Indications

- Abnormal newborn screening test
- Suspected metabolic or mitochondrial disorders
- Dysmorphic facial features
- Developmental delay/intellectual disability
- Genetic disorder or chromosomal abnormality
- Early onset hearing and/or vision loss
- Abnormal sexual maturation or delayed puberty
- Hemihypertrophy or other overgrowth
- Tall or short stature not present in other family members
- Multiple café au lait macules or other skin lesions, lipomas, etc.
- Personal or family history of cardiovascular disorders (cardiomyopathy, arrhythmia)
- Close relative with unexplained sudden death at a young age
- Personal or family history of mental illness (schizophrenia, bipolar disorder, depression)
- Family history of genetic disorder or chromosomal abnormality
- One or more birth defects
- Failure to thrive
- Hypotonia
- Autism spectrum disorder
- Clotting abnormalities
- Suspected connective tissue disorders
- Seizures/other neurologic conditions

If you are unsure whether a diagnosis is appropriate for telehealth, please contact us.

Necessary Clinical Information

- Complete history and physical
- Report of labs such as chromosomal studies or diagnostics (i.e., CT, EEG, etc.)
- Hearing/vision test
- Pertinent outside records and/or documentation of previous evaluation
- Current medications, allergies and drug levels
- Copy of PCP intake and evaluation, and specific questions
- Relevant family/social history
- Some assurance that family understands reasons for referral
- Interpreter available at the remote site when needed

Information Needed Prior to Scheduling an Appointment

- [Telehealth Referral Request Form](#)
- [New Patient Questionnaire](#) (new patients only)
- Necessary Clinical Information (listed in previous section)

Information Needed Before the Consultation Begins

- Signed [UC Davis Health Acknowledgement of Receipt: Notice of Privacy Practices](#) form (new patients only)
- Documented verbal consent from the patient for participation in a telehealth consultation

Appointment Scheduling

New: 60 minutes
(initial screening)
Follow-up: 30 minutes

Required Level of Presenter

M.D., N.P., R.N., L.V.N.

Consistency of presenter for all appointments is important.

Required Equipment

- Videoconferencing unit
- Ruler in centimeters

Consultants

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Genetic Counselors

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UC Davis Health Clinical Telehealth Program

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