OBSTETRIX OF CALIFORNIA | obstetrix® Part of Pediatrix Medical Group

MATERNAL-FETAL MEDICINE REFERRAL FORM

Is this referral URGENT? ◯ Yes ◯ No **Date of Request:**_____

PROVIDER & PATIENT INFORMATION

Requesting Provider: _____ Phone #: _____

Patient Name: _____ Date of Birth: _____

Patient Phone #: _____ Alternate #: _____

Interpreter Needed? ◯ Yes ◯ No ***Please attach patient demographic sheet.***

CLINICAL INFORMATION

Please Indicate: Singleton ◯ Twins ◯ Other _____

EDC: _____ EDC Based On: ◯ LMP_____ ◯ US at____wk___d on _____(date) ◯ IVF

Gravida:_____ Para:_____ SAB:_____ TAB:_____ Current Weight: _____

INDICATIONS

- ◯ Abnormal Screening Results
- ◯ Advanced Maternal Age
- ◯ Bleeding
- ◯ Diabetes, Pre-existing (Type I or Type II)
- ◯ Diabetes, Gestational
- ◯ History of Stillbirth
- ◯ History of Preterm Birth
- ◯ Late Prenatal Care
- ◯ Obesity
- ◯ Oligohydramnios
- ◯ Placenta Previa
- ◯ Polyhydramnios
- ◯ Preterm Labor
- ◯ Repetitive Miscarriage
- ◯ Size / Dates Discrepancy
- ◯ Suspected / Known Fetal Anomaly
- ◯ Other_____

_____

ULTRASOUNDS*

- ◯ 1st Trimester / Viability
- ◯ NT NIPT ☐ Yes ☐ No
- ◯ Anatomy Ultrasound *(18-20 weeks)*
- ◯ NT & Detailed NIPT ☐ Yes ☐ No
- ◯ Fetal Echocardiogram
- ◯ Growth
- ◯ Amniocentesis *(includes Genetic Counseling)*
- ◯ CVS *(includes Genetic Counseling)*
- ◯ NST or BPP
- ◯ Fluid Check
- ◯ Gyn Pelvic US (non obstetric)
- ◯ Other_____

CONSULTS / TRANSFER OF CARE / DIABETES & NUTRITION SERVICES

To prevent any delay in scheduling, please attach <u>all relavent records and labs.</u>

- ◯ MFM Consult ☐ Preconception
- ◯ MFM Consult with US if indicated
- ◯ Transfer of Care Request Reason:
- ◯ Other_____
- ◯ Genetic Counseling
- ◯ Diabetes and Pregnancy Program (DAPP)
- ◯ Nutrition ☐ Preconception

Practice policy is to perform a detailed/anatomy ultrasound in the 2nd and 3rd trimester for any patient we have not previously seen in current pregnancy. We also perform a transvaginal cervical length screen at 18–24 weeks.* ***Referring provider authorizes MFM consultation if abnormal findings, <u>unless</u>: explain here* _____

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