



Please fax or email your referral to 281-419-3040 or referrals_obxhouston@mednax.com

We have partnered with Leading Reach, a HIPAA-secure, web-based referral management platform. Please contact our office for more information or to create a free account to send future referrals.

- | | | | | | | | | | | |
|--|--|--|---|--|--|--|---|---|--|--|
| The Woodlands
9180 Pinecroft Drive
Suite 300
The Woodlands, TX 77380
281-419-4600 | Kingwood
600 Rockmead
Suite 211
Kingwood, TX 77339
346-616-2777 | Willowbrook
17200 State Hwy. 249
Suite 220
Houston, TX 77064
832-529-4331 | Tanglewood
5757 Woodway Drive
Suite 275
Houston, TX 77057
713-324-0180 | Katy
23530 Kingsland Blvd
Suite 204
Katy, TX 77494
832-913-1702 | Midtown
2100 Travis St.
Suite 1250
Houston, TX 77002
346-348-1980 | Sugar Land
12603 Southwest Frwy
Suite 315
Stafford, TX 77477
346-245-5186 | One Fannin
7400 Fannin
Suite 720
Houston, Texas 77054
832-403-2185 | Tomball
13426 Medical
Complex Dr.
Suite 200
Tomball, Texas 77375 | Northwest
17070 Red Oak Drive
Suite 214
Houston, Texas 77090 | Cypress
13201 Fry Road
Suite 130
Cypress, TX 77433 |
|--|--|--|---|--|--|--|---|---|--|--|

PATIENT INFORMATION

Patient: _____ DOB: _____ SSN: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Alt Phone: _____ Email: _____

INSURANCE INFORMATION

Insurance: _____ ID #: _____ Group #: _____

Policy Holder: _____ DOB: _____ Relationship to Pt. _____

Referring Provider: _____ NPI# _____

Phone: _____ FAX: _____ Contact: _____

REQUIRED INFORMATION

Level of Participation:

- One time visit for consultation & management plan
- Consultation with subsequent outpatient visits (co-management)
- Transfer of care

LMP: _____ EDD: _____ G: _____ P: _____ Blood type: _____ Antibody screen: _____

Does your patient require an interpreter? YES NO If YES, language spoken: _____

PATIENT SPECIAL NEEDS:

- Ambulation constraint
- Hearing impaired
- Physical/mental challenges
- VAD (cardiac assisted device)
- None
- Other: _____

1st TRIMESTER SCREENING: Includes pre-test counseling, NT US and lab work. If abnormal, genetic counseling, detailed ultrasound and additional testing will be offered. If screening is normal, do you want patient to return for detailed ultrasound at 18-20 weeks? YES NO

1st TRIMESTER ULTRASOUND: Consultation and management plan provided, if indicated by US findings

- Bleeding
- Size/Date discrepancy
- Suspected ectopic
- Other: _____

GENETIC COUNSELING: Includes detailed family history, US (if indicated), and management plan.

- NO Aneuploidy screening
- NO Carrier screening
- ABNORMAL NIPT, QUAD, 1st TM screen Please fax ALL results
- ABNORMAL carrier screening Please fax ALL results
- Advanced maternal age
- Family history: _____
- Previous pregnancy/child with: _____
- Teratogen exposure: _____
- Preconception
- Other: _____

2nd/3rd TRIMESTER ULTRASOUND: Consultation and management plan provided, if indicated by US findings

- Screen for malformations, Anatomy scan
- Size/Date discrepancy
- Bleeding
- Fibroids
- Multiple gestation, # of fetuses: _____
- Known/Suspected fetal abnormality: _____
- Known/Suspected placental abnormality
- Known/Suspected polyhydramnios or oligohydramnios
- Known/Suspected cervical abnormality
- Biophysical profile (BPP)
- NST
- Other: _____

PERICONCEPT: Includes detailed patient history, US (if indicated), and management plan.

- Preconception
- Diabetes, Pre-gestational; Type: _____
- GDM Please fax GTT results
- Hypertension; Chronic or gestational (please circle one)
- Isoimmunization
- Multiple gestation, # of fetuses: _____
- Thyroid dysfunction
- Hx of IUFD or stillbirth
- Recurrent pregnancy loss
- Anticardiolipin antibody/LAC positive
- Seizure disorder
- Obesity, BMI: _____
- Maternal medical complication: _____
- Other: _____

FETAL ECHO:

- Known/Suspected fetal arrhythmia
- Family history of cardiac condition
- IVF
- Other: _____

Please fax all ultrasound reports, prenatal labs, maternal screening, and copy of insurance card with this request.