

Referral Appointment Request

Please fax your referral to: 571-526-5575

PREFERRED LOCATION (if applicable)

- ☐ Reston 703-215-9924 ☐ Stone Springs 703-372-9862 ☐ Leesburg 703-215-9873

REFERRING PROVIDER

Referring Physician and Clinic: _____

Phone: _____ Fax: _____

PATIENT INFORMATION

Patient First Name: _____ MI: _____ Last Name: _____

DOB: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

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

INSURANCE INFORMATION Please provide a copy of insurance card.

Insurer: _____ ID #: _____ Group #: _____

Policy Holder: _____ DOB: _____ Relationship to Patient (if applicable): _____

REQUIRED INFORMATION

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

NIPT: ☐ Normal ☐ Abnormal ☐ Not done

BMI: _____

IVF: ☐ Yes ☐ No

☐ Singleton ☐ Twins ☐ Other: _____

LEVEL OF PARTICIPATION:

☐ Consultation with subsequent outpatient visits/ultrasounds (co-management)

☐ Transfer of care

☐ Other: _____

INDICATIONS:

- ☐ Abnormal NIPT
☐ Advanced maternal age
☐ Bleeding
☐ Diabetes, gestational
☐ Diabetes, pre-existing (Type I or Type II)
☐ History of IUFD or stillbirth
☐ Hypertension: chronic or gestational (please circle one)
☐ IVF
☐ Known/suspected fetal anomaly
☐ Known/suspected placental abnormality
☐ Known/suspected polyhydramnios/oligohyamnios
☐ Maternal medical complication: _____

- ☐ Medication exposure
☐ Multifetal gestation
☐ Obesity, BMI: _____
☐ Other genetic condition: _____
☐ Preterm labor
☐ Recurrent pregnancy loss
☐ Seizure disorder
☐ Size/date discrepancy
☐ Viability
☐ Other: _____

ULTRASOUNDS/PROCEDURES: Consultation will be included if indicated by ultrasound findings.

- ☐ First trimester screening
☐ Detailed first trimester ultrasound
☐ Detailed second trimester ultrasound
☐ Screen for malformations, anatomy scan
☐ Growth ultrasound
☐ Biophysical profile (BPP)
☐ Fetal echocardiogram
☐ Amniocentesis
☐ Gyn pelvic US (non-obstetric)
☐ Transvaginal ultrasound

CONSULTATIONS/COUNSELING:

- ☐ MFM consult with ultrasound, if indicated
☐ Preconception (Virtual/In Person)
☐ Diabetes and pregnancy
☐ Genetic counseling

Please include clinic notes, labs and other related records with the referral.