



Pavilion for Women

REQUEST FOR MATERNAL-FETAL MEDICINE SERVICES



DEPARTMENT OF OBSTETRICS & GYNECOLOGY

Today's Date: _____

SECTIONS 1 – 4 MUST BE COMPLETED FOR THIS REFERRAL FORM TO BE PROCESSED.

1. LOCATION: Please check preferred location for Ultrasound, MFM consultation, Nutrition and Prenatal Genetics referrals.

Grid of location options: Houston Methodist Hospital, The Woodlands, Northwest Houston, Baytown, West Houston, Southwest Houston / Sugar Land, Pavilion for Women. Includes 'All community services plus' section with checkboxes for care transfer and multiples.

2. REQUESTED SERVICE(S) – Choose ALL that apply

Two columns of service options: 'REQUEST FOR ULTRASOUND / PROCEDURE' and 'REQUEST FOR CONSULTATION / SPECIALTY CLINIC'. Includes a box for 'ALL RECORDS / LABS MUST BE SENT BEFORE SCHEDULING CONSULT OR TRANSFER OF CARE' and 'AT PAVILION FOR WOMEN LOCATION ONLY'.

3. INDICATION/DIAGNOSIS: Due to CMS Program Memorandum AB-01-144 Change Request 1724, dated September 26, 2001, effective January 1, 2002 REFERRING DIAGNOSIS IS REQUIRED for diagnostic testing. Suspected or rule-out statements are not applicable. If no confirmed diagnosis, please list symptoms.

Grid of medical conditions for indication: Ultrasound screen for anomalies, Diabetes, AMA*, Fetal anomaly*, Multiple gestation, Obesity, Pos. screen* (1st or 2nd trimester, NIPT), Other Medical Hx*, Size-date discrepancy, HTN, Family Hx* of, Suspected placenta accreta, REI/IVF, Other.

4. PATIENT AND REFERRING INFORMATION: ALL FIELDS ARE REQUIRED. INCOMPLETE FORMS WILL DELAY SCHEDULING.

Form for patient and referring information: Patient Name, Address, Home#, Referring Provider, Address, Phone#, Fax#, DOB, City, ST, Zip, Work#, Interpreter needed?, Nurse Contact.

INSURANCE: MUST INCLUDE COPY OF INSURANCE CARD PREGNANCY INFORMATION: Check box if NOT pregnant

Form for insurance and pregnancy information: Primary Insured, Name of Insurance, Group #, ID#, LMP, EDD, Current Pregnancy, Blood Type, Rh, Antibody screen, Height, Weight, BMI.

REQUIRED DOCUMENTATION: INCLUDE COPIES OF THE BELOW FOR ALL REFERRALS. ALL RECORDS/LABS MUST BE SENT BEFORE SCHEDULING CONSULT OR TRANSFER OF CARE. Includes checkboxes for ID card, prenatal labwork, ultrasound reports, carrier screening, etc.