



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.

Form with checkboxes for Houston Methodist Hospital, The Woodlands, Northwest Houston, Baytown, West Houston, Southwest Houston / Sugar Land, and Pavilion for Women. Includes contact information and 'All community services plus' section.

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

Form divided into 'REQUEST FOR ULTRASOUND / PROCEDURE' and 'REQUEST FOR CONSULTATION / SPECIALTY CLINIC'. Includes checkboxes for various services and a box for 'ALL RECORDS / LABS MUST BE SENT BEFORE SCHEDULING CONSULT OR TRANSFER OF CARE'.

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.

Form with checkboxes for various medical conditions such as Ultrasound screen for anomalies, Diabetes, AMA\*, Fetal anomaly\*, etc.

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

Form for patient and referring information, including fields for Patient Name, Address, Home#, Cell #, Work#, Referring Provider, Address, City, ST, Zip, Phone#, Fax#, and Nurse Contact.

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

Form for insurance and pregnancy information, including fields for Primary Insured, Name of Insurance, Group #, 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

Form with checkboxes for required documentation: ID and Insurance card, ALL prenatal labwork, ANY carrier screening performed, ALL ultrasound reports, Flowsheet history of OB visits, 1st/2nd trimester screen results, NIPT results.