



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 various hospital locations: Houston Methodist Hospital, The Woodlands, Northwest Houston, Baytown, West Houston, Southwest Houston / Sugar Land, and Pavilion for Women. Includes contact information and a section for 'All community services plus:' with options for complete transfer of care and program for multiples.

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

Form divided into two columns: 'REQUEST FOR ULTRASOUND / PROCEDURE' and 'REQUEST FOR CONSULTATION / SPECIALTY CLINIC'. Includes checkboxes for various services like Ultrasound, NT only, and MFM Consult. A central box states 'ALL RECORDS / LABS MUST BE SENT BEFORE SCHEDULING CONSULT OR TRANSFER OF CARE'. Includes a section for '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.

Form with checkboxes for various medical conditions: 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, and Other. Includes a note: '\*Genetic counseling will be provided, if clinically indicated'.

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

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

Form for insurance and pregnancy information. Left side: 'INSURANCE: MUST INCLUDE COPY OF INSURANCE CARD' with fields for Primary Insured, Name of Insurance, and Group #. Right side: 'PREGNANCY INFORMATION: Check box if NOT pregnant' with fields for LMP, EDD, Current Pregnancy, Blood Type, Rh, Antibody screen, Height, Weight, and BMI.

Form for required documentation. Header: '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 and insurance card, ALL prenatal labwork, ALL ultrasound reports, Flowsheet history of OB visits, Any carrier screening performed, Expanded carrier screening, Hemoglobin Electrophoresis, and 1st/2nd trimester screen results, NIPT results.