

MATERNAL-FETAL MEDICINE REQUEST FOR PATIENT EVALUATION AND CONSULTATION

We appreciate you asking us to participate in your patient's care. Please complete the information below for the patient you wish to have evaluated by UAB Maternal-Fetal Medicine physicians.

Patient Name: _____ DOB: _____

Address: _____

City, State, Zip: _____

Patient's email address: _____

Primary Phone #: _____ Alternate Phone #: _____

Emergency contact/phone #: _____

Insurance Company: _____ Name of insured: _____

Policy #: _____ Group #: _____ Pre-certification/referral #: _____

If pregnant, LMP: _____ Date of 1st U/S: _____ GA at 1st Scan: _____

Date of last U/S: _____ GA at last scan: _____ Best EDC: _____

Singleton Twins Triplets Maternal weight: _____ Blood type/Rh: _____

Serum screen: Normal Abnormal Not done Cell-free DNA: Normal Abnormal Not done

Referring Physician: _____ Office Contact: _____

Office phone: _____ Fax: _____

MFM SERVICES REQUESTED: (Check one or more)

Fetal/Ultrasound Visit:

- First trimester aneuploidy screening (Appointment must be at 11w0d to 13w6d)
- Targeted ultrasound
- Genetic counseling and targeted ultrasound
 - Possible: Amniocentesis Chorionic villus sampling

Maternal/OB Visit:

- Medical/obstetric consultation (single visit)
- Assumption of total OB care
- Co-management of OB care
- Comprehensive Addiction in Pregnancy Program (Must start prior to 24 weeks, assumption of total care only)

Other:

- Preconception counseling
- Telehealth visit
- Other (Specify): _____

Diagnoses prompting consultation: _____

Will your patient require special assistance during her visit? (please specify, i.e. interpreter, wheelchair, etc.)

Pertinent medical records such as labs, clinic notes, and ultrasound reports should be included with this referral form. Appointment confirmation will be faxed to your office within 24 hours of receipt of this form and medical records. Please fax appropriate records to **205.934.7994**. If you have any questions ***or need immediate assistance***, please call **205.934.2173**. Thank you.