

**MATERNAL-FETAL MEDICINE REFERRAL
MATERNAL AND FETAL SPECIALTY CENTER AT SWEDISH**

1229 MADISON, SUITE 750 SEATTLE, WA 98122 **PHONE:** 206.386.2101 **FAX:** 206.386.6715

PLEASE SEND **ALL** OF THE FOLLOWING WITH THIS FORM:

- Current prenatal records and notes • All ultrasound reports • All labs
- Patient's insurance card (both sides) • Previous pregnancy records • Any subspecialist records

PATIENT INFORMATION - PLEASE PRINT CLEARLY-		
Name:	DOB:	
Address:	City / Zip:	
Home phone:	Mobile:	Interpreter required? ___ YES; language:

REFERRING PROVIDER INFORMATION

Provider Name:	PHONE:
Practice Name:	FAX:
Address:	City / State / Zip:

DIAGNOSIS / INDICATION:

- AMA IVF IUI
 DIABETES: GESTATIONAL TYPE 2 TYPE 1
 MULTIPLES: DI/DI MO/DI MO/MO | TRIPLETS
 OTHER: _____

CURRENT PREGNANCY: NOT PREGNANT

EDD: _____ **LMP:** _____

1st ultrasound date: _____ **GA:** ___W ___D

SERVICES REQUESTED:

- MFM PHYSICIAN CONSULT** (INCLUDES ULTRASOUND)
 TRANSFER OF CARE
 TOLAC CONSULT (INCLUDES ULTRASOUND)
 C/S CONSULT (INCLUDES ULTRASOUND)
 VERSION CONSULT (INCLUDES ULTRASOUND)
 GENETIC COUNSELING (INCLUDES ULTRASOUND)
 CVS AMNIO

DIABETES EDUCATION AND NUTRITION

- GESTATIONAL DIABETES CLASS
 1 ON 1 DIABETIC EDUCATION (TYPE 1 OR 2 ONLY)
 MEDICAL NUTRITION THERAPY
 MFM PHYSICIAN CONSULT (INCLUDES ULTRASOUND)

PRE-CONCEPTION CONSULT

- PHYSICIAN
 GENETIC COUNSELOR

ULTRASOUND ONLY (NO CONSULT)

- 1ST TRIMESTER + NUCHAL TRANSLUCENCY**
 COMBINED SCREEN (BLOOD DRAW)
 1ST TRIMESTER ANATOMY <14 WKS
 (12-14W INCLUDES SIZE, DATES)
 DETAILED / ANATOMY SCAN 20-22 WKS
 TRANSVAGINAL CERVICAL LENGTH
 COMPLETE (>30 DAYS FROM LAST GROWTH)
GROWTH, VISIBLE ANATOMY AND AFI
 FOLLOW UP BIOMETRY
(<30 DAYS FROM LAST GROWTH **FGR ONLY**)
 WEEKLY ANTENATAL TESTING
BPP / NST | BPP ONLY
 DOPPLERS
 LIMITED: AFI, POSITION, PLACENTA LOCATION
 ECHOCARDIOGRAM 22-24 WKS
(MFM DETAIL REQUIRED) **BMI** _____