Maternal Fetal Medicine

Patient Referral Form

Thank you for your Maternal Fetal Medicine patient referral. Please fax all previous ultrasounds, lab results, and prenatal records to 512-324-7555. For urgent/same day referrals, please call 512-324-7256.

Medical Park Tower
1301 W. 38th St. Ste 315 Austin, TX 78705
t 512-324-7256 **f** 512-324-7555

Clinician requested for services:

- ❑ **First Available**
- ❑ Radek Bukowski, MD, PhD
- ❑ Alison Cahill, MD, MSCI
- ❑ Kobina Ghartey, MD
- ❑ Jeny Ghartey, DO, MS
- ❑ Lorie M. Harper, MD
- ❑ George Macones, MD, MSCE
- ❑ Celeste Sheppard, MD
- ❑ S. Lindsay Wood, MD
- ❑ Kelly Moyer, Genetic Counseling
- ❑ Jeffrey Newport, MD, Reproductive Psychiatry
- ❑ Jena Hiltenbrand, NP, Diabetes Management

Site requested for services:

- ❑ **First Available**
- ❑ Medical Park Tower
- ❑ Ascension Seton Hays
- ❑ Ascension Seton Northwest
- ❑ Ascension Seton Williamson
- ❑ Ascension Seton Bastrop
- ❑ University Physicians Group - Midtown
- ❑ Telemedicine (consults only)

Patient and Provider Information:

Referring Provider: _____

Referring Provider Phone Number: _____

Patient Name: _____

Patient DOB: _____

Patient Phone Number: _____

Insurance ID: _____

LMP: _____ EDC: _____

Previous scan with this pregnancy? ❑ Y ❑ N

Previous sono date: _____ @ ____ w ____ d ____

Type of Scan Performed: _____

Insurance Name: _____

Ascension Seton

The University of Texas at Austin
UT Health Austin

Services Requested and Indications

❑ **Prenatal Ultrasound Program:** Includes first trimester genetic screening and second trimester fetal anatomic survey (76805 or 76811); fetal echocardiogram as appropriate, consultation for ultrasound findings, prenatal genetics, growth surveillance and testing as appropriate.

Indications:

- ❑ AMA
- ❑ BMI>30
- ❑ HTN
- ❑ Twins/Triplets
- ❑ Primigravida
- ❑ GDM/DM
- ❑ Abnml cfDNA
- ❑ Abnml Serum Screening
- ❑ Abnml Sonogram:
  - ❑ Suspected Fetal Anomaly
  - ❑ Suspected Fluid or Growth Abnormality
- ❑ Other: _____

❑ **Fetal Anatomic Survey Only:** (76805 or 76811) Will be scheduled between 18-20 weeks.

Indications:

- ❑ AMA
- ❑ BMI>30
- ❑ HTN
- ❑ Twins/Triplets
- ❑ Primigravida
- ❑ DM
- ❑ Abnml cfDNA
- ❑ Abnml Serum Screening
- ❑ Abnml Sonogram:
  - ❑ Suspected Fetal Anomaly
  - ❑ Suspected Fluid or Growth Abnormality
- ❑ Other: _____

❑ **First Trimester Genetic Screening Only:** Will only be scheduled between 11w0-13w6d with consultation as needed.

❑ **Fetal Growth**

Indication(s):

- ❑ Pregestational Diabetes
- ❑ Fundal height ≠ dates
- ❑ Hypertension
- ❑ Other: _____

❑ **Cervical Length Screening Only:** Will be scheduled for 16-22 weeks gestation.

Indication(s):

- ❑ Prior Preterm Birth <34 weeks

❑ **Fetal Echocardiography:** Will be scheduled after 20 weeks gestation.

Indication(s)

- ❑ Pregestational Diabetes
- ❑ Family history of cardiac disease (first degree of fetus)
- ❑ Monochorionic Twins
- ❑ Other: _____

❑ **Antenatal Testing Only**

Indication(s):

- ❑ AMA (>=40)
- ❑ GDM/DM
- ❑ HTN
- ❑ Other: _____

❑ **Prenatal Genetics:** Patient will meet with a certified genetic counselor.

Genetic Counseling:

- ❑ AMA (>=40)
- ❑ Positive Carrier Screen
- ❑ Family history:
- ❑ Drug/Teratogen Exposure (Name of teratogen: _____)
- ❑ Abnml serum screening/ Abnml cfDNA

❑ **CVS/Amniocentesis:** Patient will meet with a certified genetic counselor prior to the procedure. The appropriate procedure will be scheduled based on gestational age.

Indication(s):

- ❑ AMA (>=40)
- ❑ Positive Carrier Screen
- ❑ Family history: _____
- ❑ Abnml serum screening/ Abnml cfDNA

❑ **MFM Consultation Only:** Will be scheduled as a single appointment with MFM (no ultrasound).

Please select all issues you would like addressed at this appointment:

- ❑ Pregestational Diabetes
- ❑ GDM
- ❑ Hypertension
- ❑ Spontaneous Preterm Delivery
- ❑ Maternal Cardiac Disease
- ❑ Other medical problem: _____

❑ **MFM Co-Management Program:** After appropriate consultation, additional follow-up will be arranged.

Please select all issues you would like addressed at this appointment:

- ❑ Pregestational Diabetes
- ❑ GDM
- ❑ Hypertension
- ❑ Spontaneous Preterm Delivery
- ❑ Maternal Cardiac Disease
- ❑ Other medical problem: _____

❑ **Mental Health Services**

- ❑ Substance abuse disorder
- ❑ Severe depression
- ❑ Bipolar disorder
- ❑ Schizophrenia
- ❑ Other: _____