



DATE ____/____/____

PATIENT NAME _____ DOB ____/____/____ AGE ____
(Last) (First) (Middle)

PATIENT CELL PHONE (____) ____-____ EDC ____/____/____ EGA _____ BMI _____

INSURANCE _____ INSURANCE ID# _____

REFERRING MFM _____ MFM CELL PHONE (____) ____-____
(First) (Last) (Title) (Optional)

OFFICE PHONE (____) ____-____ OFFICE FAX (____) ____-____

OFFICE ADDRESS _____
(Street) (Suite #) (City) (State) (Zip Code)

PRIMARY OB _____ OFFICE PHONE (____) ____-____
(First) (Last) (Title)

ULTRASOUND DATE ____/____/____

LEVEL OF LESION _____

CHIARI MALFORMATION / HINDBRAIN HERNIATION Yes No

FETAL KYPHOSIS Yes No

PLACENTA LOCATION Anterior Posterior Fundal

MULTIPLES Singleton Twins Triplets Other: _____

AMNIOTIC FLUID VOLUME Maximum Vertical Pocket: _____ cm

PLACENTA PREVIA Yes No

PLACENTAL ABRUPTION / BLEEDING Yes No

CERVICAL LENGTH Cervical length _____ cm
History of incompetent cervix? Yes No
Has a cerclage been placed? Yes No

OTHER FETAL ANOMALIES _____

GENETIC SCREENING 1st Trimester Yes No Results: _____ NT Yes No Results: _____
2nd Trimester Yes No Results: _____ NIPT Yes No Results: _____

DIAGNOSTIC TESTING CVS Yes No Date ____/____/____ Results: _____
Amniocentesis Yes No Date ____/____/____ Results: _____

MEDICAL HISTORY

- Is the patient taking Aspirin? Yes No
- History of singleton pregnancy delivered <37 week Yes No
- Insulin-Dependent Diabetes Yes No
- Maternal Rh-isoimmunization Yes No
- Maternal HIV, hepatitis B or hepatitis C positive Yes No
- Müllerian anomaly or uterine fibroids > 6 cm Yes No
- Hypertension (chronic or pregnancy-induced) Yes No

Please list any other pertinent maternal medical conditions _____

PLEASE FAX FORM TO: (626) 356-3379

- PLEASE ATTACH:**
- Patient demographic information
 - Insurance information
 - Prenatal records
 - Recent consultation letters and ultrasounds reports

Please contact our office at **(626) 356-3360** if you need help with the insurance authorization process.

Arlyn Llanes, RN and Kris Rallo, RN are available to answer questions by phone at **(626) 356-3360** or by email at Arlyn.Llanes@med.usc.edu or Kristine.Rallo@med.usc.edu.