

Patient Name: _____ DOB: _____
 Address: _____
 Phone: _____

Total Preg _____ Term _____ Preterm _____ SAB _____ TOP _____ Ectopic _____ Living _____

LMP: _____ EDD: _____ Based on : LMP US Other: _____

Height: _____ Pre-Pregnancy Weight: _____

Allergies: _____ Interpreter: Y N Language: _____

Earliest US: Date: _____ / _____ / _____ = _____ weeks

Insurance: _____ ID#: _____

Type of Service Requested: Consultation Only Co-Management Transfer of Care

ALL MEDICAL RECORDS MUST BE RECEIVED FOR APPOINTMENT TO BE SCHEDULED INCLUDING:

- Progress Notes
- Operative Reports
- Previous Pregnancy Records
- Consultation Reports
- All Prior Ultrasound Reports
- Original Lab Results
- Discharge Summaries

INDICATION:

- Preconception
- Placental abnormalities
- Cervical insufficiency
- Multiple gestations
- Hypertensive disorders of pregnancy
- Rheumatic/Connective Tissue Disease (SLE, RA)
- Chronic renal disease
- Diabetes
- Active thyroid disease
- Current or previous thrombosis, or thrombophilia
- Hemoglobinopathy
- Neurologic disorders
- Cardiac disease
- Bleeding disorder
- Alloimmunization
- Fetal growth disturbance
- Inborn errors of metabolism
- Current substance abuse
- Severe asthma
- Previous preterm delivery
- Previous Cesarean x 3 or more
- Previous Cesarean x 2 requesting TOLAC
- Malignancy
- Fetal anomalies
- BMI > 40 kg/m2 with comorbidities
- BMI > 50 kg/m2
- Infectious disease
- Marfan, Ehlers Danlos, Risk for Aortic Root Disease
- Portal hypertension
- GI disease (on medication or with previous GI surgery), History (ex. Crohn's)
- Uterine anomalies
- Recurrent pregnancy loss
- Patient undergoing non-obstetric procedure during pregnancy

For unlisted indications, please call 305-585-4636 option 1 to speak to a provider.

Referring Provider Name (Print): _____ Phone: _____
 Address: _____ Fax: _____
 Signature: _____ Date: _____

If the patient does not meet high-risk criteria listed above, please schedule an appointment in the JMH ACC Low-Risk Obstetrics Clinic by faxing referral to 305-585-6381. Clinic phone number is 305-585-5467, option 1, then 3.