inspire HEALTH MEDICAL GROUP

Perinatology
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☐ *First Available* ☐ **Brian Morgan, MD, PhD** ☐ **Fatimah Fahimuddin, MD** ☐ **Stephanie Gaw, MD, PhD**

Date: _____ Number of Pages: _____

Name: _____ DOB: _____

Cell Number: _____ Home or Work Number _____

Insurance Company Name: _____

Insurances may require pre-authorization

Name of Insured: _____ Policy Number: _____

Pregnancy Dating: LMP: _____ EDD (Please note method) _____

EDD by LMP: _____ or EDD by Ultrasound _____

Date of US: _____ Fetal Size: _____ Multiple Gestation? If yes, # of fetuses: _____

Services Requested: ☐ Diagnostic Studies ☐ Consultation ☐ Co-Manage ☐ Genetic Counseling ☐ DCC Co-Manage
☐ Diabetes Medication Management ☐ Assume Care (To be determined after initial consultation)

First Trimester:
- ☐ Ultrasound Dating (6 - 12 weeks)
- ☐ Ultrasound Viability (6 - 12 weeks)
- ☐ Ultrasound First Trimester (12 - 13 weeks)

Second Trimester:
- ☐ Abnormal AFP
- ☐ Detailed Fetal Survey/Screening Exam (16-23 weeks)
- ☐ Fetal Echocardiogram
- ☐ Genetic Counseling, Ultrasound and/or AMNIO
- ☐ Rule out Fetal Demise

Third Trimester:
- ☐ Amniocentesis for Fetal Lung Maturity
- ☐ Anatomy Assessment
- ☐ Fetal Growth

Other Services:
- ☐ Evaluate for Cervical Cerclage
- ☐ Genetic Counseling
- ☐ Non-Stress Test (NST)
- ☐ Preconception Consultation
- ☐ Preterm Labor
- ☐ US Exam or other Fetal Testing as determined by Perinatologist

Reason For Referral: _____

REQUIRED PATIENT INFORMATION • All information is needed to schedule an appointment

Indication based on ICD-10
(Please check boxes below):

Screening for Fetal Abnormality
- ☐ O35.8XX0 Known or Suspected Fetal Abnormality
- ☐ O35.1XX0 Suspected Chromosomal Abnormality
- ☐ O35.5XX0 Suspected Damage of Fetus From Drugs/Meds

Prenatal Diagnosis
- ☐ O09.519 Advanced Maternal Age Primagravida (AMA)
- ☐ O09.529 Advanced Maternal Age Multigravida (AMA)

Maternal Medical Condition
- ☐ O99.019 Anemia, Complicating Pregnancy
- ☐ O26.619 Cholestasis
- ☐ O10.09 Essential Hypertension
- ☐ O24.919 Diabetes Mellitus
- ☐ O24.419 Gestational Diabetes
- ☐ O99.350 Seizure Disorder
- ☐ O99.280 Thyroid Dysfunction
- ☐ 024.119 Type2DM

Pregnancy and/or Placental Complications
- ☐ O36.5990 Size/Dates, Fetal Growth Poor
- ☐ O36.60X0 Size/ Dates, Fetal Growth Excessive
- ☐ O41.00X0 Oligohydramnios
- ☐ O44.00 Placenta Previa w/o Bleeding
- ☐ O40.9XX0 Polyhydramnios
- ☐ O48.0 Post Term
- ☐ O26.859 Spotting/Vaginal Bleeding w/ Pregnancy
- ☐ O47.9 Threatened Premature Labor
- ☐ O30.009 Twin Pregnancy

Genetic Referrals
- ☐ Carrier Screening Completed ☐Yes ☐No
- ☐ NIPT Ordered ☐Yes* ☐No
  *(*If completed, send report with referral)*

Ordering/Referring Physician (print): _____ Signature: _____

Date:_____ Contact person: _____ Phone: _____ Fax: _____

INTERNAL USE ONLY

Appointment Date: _____ Time: _____ Contact Person: _____

☐ Office Notified ☐ Patient Notified Initials _____