1107 South Lemay Avenue, Suite 410, Fort Collins, CO 80524
970-294-4464, Fax 970-482-1973

Referral Form

1. Patient's Name: ____________________________ Patient phone #: ______________________
DOB: ___________________________ Primary language: ____________________________
Appointment date: _________________________ Appointment time: ______________________
Referring Physician: _____________________________________ NPI #: ___________________
Referring Physician Phone #: _______________________ Fax #: _________________________

**** IF A REFERRAL OR PREAUTHORIZATION IS NECESSARY, PLEASE OBTAIN PRIOR TO SCHEDULING****

LMP: __________ EDC: ___________ Blood Type: _________ G: ________ P: _________

Height: _________ Weight _________ BMI _________

Genetic Screening ☐ **Y** ☐ **N** Type & Results: ____

☐ Previous Ultrasound ☐ **Y** ☐ **N** EDC based U/S _______________

2. Services Requested:
(Check all that apply)

☐ Preconception counseling
☐ Consultation
☐ Consultation w/Ultrasound, if applicable
☐ Detailed Comprehensive US w/consult (please indicate medical necessity)
☐ Ultrasound Only - Screening Ultrasound
☐ Biophysical Profile
☐ Amniocentesis
☐ 1st trimester screen for Down Syndrome
☐ MaterniT21 Plus
☐ Fetal Echocardiography
☐ Other service, please specify:
____

Indication:

☐ Healthy Pregnancy – Screening Only
☐ Abnormal Genetic Screen (specify) ________________________
☐ Advanced Maternal Age
☐ Bleeding
☐ Choroid Plexus Cyst
☐ Diabetes Mellitus (specify if Gestational)____________________
☐ History of Birth Defects/Genetic Disease (specify)
____
☐ Pregnancy resulting from In Vitro Fertilization
☐ Medication Exposure (list below)
☐ Multiple Gestation (specify) _____________________________
☐ Oligohydramnios / ☐ Polyhydramnios
☐ Poor OB History
☐ Pre-eclampsia
☐ Size / Date Discrepancy (IUGR/LGA, specify) _________________
☐ Suspected / Known Fetal Abnormality (specify)
____
☐ Other Signs or Symptoms (specify):
____
____

PHYSICIAN SIGNATURE: (required) ____

3. PLEASE FAX PRENATALS, PRENATAL LABS, ULTRASOUND REPORTS, GENETIC SCREENING RESULTS, COPY OF CURRENT INSURANCE CARD, AND ANY OTHER PERTINENT INFORMATION