Keck Medicine of USC

LOS ANGELES FETAL SURGERY

MISCELLANEOUS REFERRAL FORM

(Please use diagnosis specific referral form for patients with TTTS, SIUGR, acardiac or anomalous twins, chest lesion, iatrogenic PPROM, or fetal anemia/thrombocytopenia)

Los Angeles Fetal Surgery

DATE _____ **MATERNAL WEIGHT**_____

PATIENT _____**DOB**_____ **CELL PHONE** _____

PHYSICIAN _____ **EDC**_____ **EGA**_____ **Twins**___ **Triplets**___

PHYSICIAN PHONE _____ **FAX**_____

PHYSICIAN ADDRESS _____

CITY/STATE _____ **INSURANCE** _____

SUSPECTED DIAGNOSIS _____

PLACENTA LOCATION PRIMARILY _____ Anterior _____ Posterior

AMNIOTIC FLUID VOLUME Maximum Vertical Pocket _____cm

OTHER FETAL ANOMALIES Yes____ No____ Comments _____

ABNORMAL INTRACRANIAL U/S FINDINGS

Does the fetus have evidence of:	Intraventricular hemorrhage	_____Yes _____No
	Porencephalic cysts	_____Yes _____No
	Ventriculomegaly	_____Yes _____No

FETAL HYDROPS

Does the fetus have evidence of:	Abdominal ascites	_____Yes _____No
	Scalp edema	_____Yes _____No
	Pleural effusion	_____Yes _____No
	Pericardial effusion	_____Yes _____No

DOPPLER STUDIES

Does the fetus have evidence of:	Umbilical artery:	AEDV	_____Yes _____No
		REDV	_____Yes _____No
	Ductus Venosus- Reverse Flow		_____Yes _____No
	Pulsatile Umbilical Vein		_____Yes _____No

CERVICAL LENGTH-REQUIRED

Via endosvaginal scanning, the cervical length appeared to measure _____ cm Funneling? _____ Yes _____ No

AMNIOCENTESIS

Has the patient undergone any amniocentesis procedures? ____ Genetic ____ None

If a genetic amniocentesis has been performed, please state the fetal karyotype: ____ 46, XX ____ 46, XY

If other laboratory tests have been ordered (such as TORCH tests) please fax results with this form

PLEASE FAX FORM TO: (626) 356-3379

Insurance authorization will be coordinated by Arlyn Llanes, RN/Kris Rallo, RN, who may be contacted by phone at (626)356-3360, or by email at Arlyn.Llanes@med.usc.edu or Kris.Rallo@med.usc.edu

Internal office use:

DATE RECEIVED _____ DIAGNOSIS _____

RECOMMEDATION _____ FOLLOW UP _____