

CU Maternal Fetal Medicine Referral Form

Please complete and return both pages with specific comments to ensure your patient is scheduled appropriately and in a timely manner. Patients will be called within 48 business hours.

Upon request for service, the following items MUST accompany patient referral:

Medical Records:

- All patient health history
- All prenatal labs (including blood type, antibody results, genetic screening, etc.)

Ultrasound Reports: PLEASE DO NOT SEND ACTUAL IMAGES

- EFW (please include AC% if FGR)
- EDD/Dating/NT/Genetic if completed

Prenatal Progress Notes:

- Summary of findings, reason for referral, treatment plan, medication history, etc.

Reason for Consultation Request/Diagnosis: _____ **ICD-10** _____

Urgent Appointment Necessary (will be clinically reviewed based on records)

Referring Information:

Clinic Name: _____

Phone Number: _____ Fax Number: _____

Provider/Physician Name: _____

Patient Information:

Name: _____ DOB: _____ Age: _____

Address: _____

Phone Number 1: _____ Phone Number 2: _____

Language: _____ Interpreter Needed: **Yes** **No**

Insurance Information* (please complete all sections):

Self-Pay: **Yes** **No**

Primary Insurance Carrier: _____ Secondary Insurance Carrier: _____

I.D.#: _____ Group #: _____

**If required, prior authorization is the responsibility of the referring provider, thank you.*

Maternal History:

Has patient previously been seen by an MFM specialist: **Yes** **No**

If yes, please list name of MFM provider and location: _____

LMP: _____ EDC: _____ (by US or LMP) If US, date completed _____

Gravida: _____ Para: _____ Term: _____ Preterm: _____ SAB: _____ TAB: _____ Ectopic: _____

Stillbirth: _____ Living Child: _____ IUI/IVF: **Yes** **No**

IVF transfer date: _____ 3- or 5-day transfer _____ Number of embryos transferred _____

Allergies: _____ Blood Type: _____ Rh: _____ BMI: _____

Antibody Screen: _____

Did patient decline genetic testing: **Yes** **No**

If no, please list genetic testing performed (NIPT, AFP/quad, carrier screening) _____

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE | UCHEALTH
COLORADO FETAL CARE CENTER, CHILDREN'S HOSPITAL COLORADO

Indication(s) (check all that apply):

- Multiple Gestation
- Diabetes (A1GDM____ A2GDM____ Type 1 Diabetes ____ Type 2 Diabetes ____)
- Hypertension
- Advanced Maternal Age (AMA)
- In Vitro Fertilization (IVF)
- Fetal Anomaly _____
- Other _____

Ultrasound (check all that apply):

- 1st Trimester (11 – 13.6 weeks)
- Low-Risk Anatomy (20 week, no medical concerns, not AMA, BMI less than 30, singleton)
- High-Risk Anatomy/Genetic
- Doppler Evaluation
- Fetal Echocardiogram (following genetic u/s performed with MFM)
- Cervical Length

Diagnostic Testing (check all that apply):

- Chorionic Villus Sampling (CVS)
- Amniocentesis
- Cell Free DNA
- Carrier Screening

Consultation (check all that apply):

- Preconceptual Consultation:
 - Medical Concerns
 - Psychiatric Concerns
- Mental Health Clinic (MFM follow-up as appropriate)
- Genetic Counseling (MFM follow-up as appropriate)
- Diabetes Education One-time Nutrition consult
- Diabetes Education and Full Management

Please select a location below to place a referral. In UCH Epic, referrals can be submitted via Ambulatory Referral to OBGYN/MFM (REF86). You then MUST click a location within location tab (i.e. Denver/Hobbins, Ft. Collins, Littleton, Parker, etc.) enabling referral to populate into our work queue.

CU School of Medicine Clinic Sites (same scheduling team for all SOM sites): P: (303) 315-6100

*Please fax referral to the numbers listed below OR email referral to mfmscheduling@cuanschutz.edu.

- John C. Hobbins Perinatal Center (Denver) – P: (303) 468-3481
- Littleton Perinatal Center – P: (303) 315-6056
- Parker Perinatal Center – P: (303) 840-4713
- Rocky Mountain Perinatology (Ft. Collins) – P: (970) 482-1973

UCHealth Clinic Sites:

- Anschutz Medical Campus (PDG, Genetic Clinic) – P: (720) 848-2960 | F: (720) 848-1662
- Peakview Medical Center (Greeley) – P: (970) 336-1500 | F: (970) 336-1505 (UCH patients only)

Additional Clinic Sites:

- Boulder Community Hospital – P: (303) 415-7544 | F: (303) 415-7520
- CU Perinatal Center at CHCO N. Campus (Broomfield) – P: (720) 478-5545 | F: (720) 777-7960
- High Country Healthcare (Frisco) – P: (970) 668-5771 | F: (970) 668-2197

Telehealth Sites:

- Ivinson Medical Group (Laramie, WY) – P: (307) 755-4540 | F: (307) 755-4539
- Montrose Regional Health (Montrose, CO) – P: (970) 249-6737 | F: (970) 252-0112
- Northeast CO Family Med. Associates, P.C. (Sterling, CO) – P: (970) 522-3304 | F: (970) 522-4615
- St. Mary's Maternal Fetal Medicine (Grand Junction, CO) – P: (970) 298-2275 | F: (970) 298-7814
- UCHealth Women's Care Clinic Steamboat Springs – P: (970) 879-3738 | F: (970) 870-6441

Colorado Fetal Care Center at Children's Hospital CO (FETAL EVALUATION ONLY) - F: (720) 777-7960

For 24/7 MFM consultation or transport to UCHealth Anschutz, please call our DocLine: (720) 848-2828