

Strong Perinatal Associates

REFERRAL FORM

SPA Phone: 585-487-3350

SPA Fax: 585-334-0699

Date Sent / Faxed: ___/___/_____



Patient Name: _____ Date of Birth: _____

Referring Provider / Office: _____

Office Address: _____

Office Phone: _____

Office Fax: _____

Contact Person: _____

Demographics with insurance carrier information (*please include with referral*)

Referral Type:

- Consultation for management recommendations
- Ultrasound consultation
- Consult + Transfer of prenatal care
- Preconception consultation

List by problem:

Indication for Consult:

- Maternal Condition
- Fetal Condition

Prenatal Records (if applicable); please send all listed below

- Confirmation of pregnancy (viability scan/dating ultrasound)
- All prenatal records from the current pregnancy (if applicable)
- All prenatal records from prior pregnancies (if applicable)

*Current pregnancy information
(please check one) :*

EDC: ___/___/_____

- By LMP
- By early first trimester ultrasound
- By date of embryo transfer
- Other

Gravida: _____

Para:

- ➔ Term: _____
- ➔ Total preterm (> 20 weeks GA at the time of delivery): _____
- ➔ Total miscarriage/abortions: _____
- ➔ Total living: _____

***Referrals regarding advanced maternal age, abnormal genetic screening results, family history of genetic disease, and patients with ultrasound findings suggestive of aneuploidy should be sent to Reproductive Genetics, FAX: 585-334-6292.*

For additional guidance, please refer to: <https://www.urmc.rochester.edu/ob-gyn/maternal-fetal-care/genetics.aspx>

To expedite this process, please complete this form in its entirety and include all pertinent information (see provided prenatal + problem based check lists–check labs or documents that have been included). Please do not fax ultrasound images.

Helpful pre-consultation documents and laboratory assessments by problem

Chronic Hypertension

- CBC
- CMP
- Urine protein:creatinine ratio or 24 hr urine total protein

Pre-Gestational DM or GDM

- CBC
- CMP
- HbA1C
- Panned BGs for 1 week
- Urine protein:creatinine ratio or 24 hr urine total protein

Thyroid Dysfunction

- TSH
- Free T4
- Free T3

Autoimmune Conditions (i.e., SLE, Sjogren's syndrome)

- CBC
- CMP
- SSA
- SSB
- Urine protein:creatinine ratio or 24 hr urine total protein

History of VTE

- Protein C
- Protein S
- Lupus Anticoagulant
- Anticardiolipin IgG
- Anticardiolipin IgM
- Beta-2-glycoprotein IgG
- Beta-2-glycoprotein IgM
- FACTOR V: G1691A
- Prothrombin: G20210A
- Hematology records
- Life long anticoagulation?: Y / N

History of Preterm Birth (PTB)/PPROM

- Anatomic ultrasound and/or cervical length measurement from the prior pregnancy affected by PTB
- Delivery summary from prior preterm delivery

History of fetal demise

- Lupus Anticoagulant
- Anticardiolipin IgG
- Anticardiolipin IgM
- Beta-2-glycoprotein IgG
- Beta-2-glycoprotein IgM
- Genetic testing
- Autopsy
- Delivery summary from prior preterm delivery

Specialty Records (if applicable):

- Cardiology
- Hematology
- Nephrology
- Rheumatology

Red Cell Alloimmunization

- Type and screen
- Blood bank titer
- Prior affected pregnancy? Y / N
- Institution at which this was treated during a prior pregnancy (if applicable): _____

