

CHLA-USC IMFH FETAL THERAPY PROGRAM AT HOLLYWOOD PRESBYTERIAN HOSPITAL

PROM REFERRAL FORM

DATE _____

PATIENT _____ AGE _____ LMP _____ MatWeight _____

PHYSICIAN _____ EDC _____ EGA _____ G _____ P _____

PHYSICIAN PHONE NO. _____ FAX _____

PHYSICIAN ADDRESS _____

CITY/STATE _____ INSURANCE _____

PLACENTA

The placenta is located on which uterine surface : _____ Anterior _____ Posterior _____ Fundal

WEIGHT

The most recent measurement estimate the fetal weight to be: _____ grams

AMNIOTIC FLUID

The maximum vertical pocket measured to be: _____ cm

DATE OF PROM _____ **IATROGENIC** _____ **SPONTANEOUS** _____

AMNIOCENTESIS

Has the patient undergone any amniocentesis procedures ? _____ Genetic _____ Therapeutic _____ None

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

If a Triple Screen has been performed, please list the results : _____

INCOMPETENT CERVIX

Does this patient have a history of an incompetent cervix ? _____ Yes _____ No

Has a cerclage suture been performed with this pregnancy ? _____ Yes _____ No

PRETERM LABOR

Has this patient experienced any symptoms of preterm labor ? _____ Yes _____ No

Have any medications for preterm labor been administered ? _____ Yes _____ No

List: _____

BLEEDING

Spotting ____Yes ____No

Bright Red Bleeding ____Yes ____No

ANTIBIOTICS

Has this patient been receiving antibiotics? ____Yes ____No

List : _____

LABS

Most recent WBC _____ Date _____

TEMPERATURE

Please list current temperature _____

HAS PATIENT HAD A DIGITAL EXAM ____YES ____NO

HAS PATIENT HAD A VAGINAL ULTRASOUND ____YES ____NO

MEDICAL HISTORY

Please list any pertinent maternal medical conditions (i.e. diabetes, hypertension, lupus, CHD, etc.)

PLEASE FAX QUESTIONNAIRE TO: (323) 361-6099

Insurance authorization will be coordinated by Terri Maitino R.N. , who may be contacted by phone at: (323) 361-6074, or by Email at: TMaitino@chla.usc.edu

DATE RECEIVED _____	DIAGNOSIS _____
RECOMMEDATION _____	FOLLOW UP _____