Scripps

PERINATAL CENTER
PHONE 858-626-6245 FAX 858-626-6271
INITIAL PATIENT REFERRAL

PATIENT NAME _____

DATE OF BIRTH (DOB) _____

MEDICAL RECORD NUMBER(MRN) _____

CSN _____

Initial Patient Referral to Perinatology

Berggren • Daneshmand • Dolinsky • Faksh • Gomez • Lai • Starikov

Please fax this form to: (858) 626-6271

Please attach a face sheet, copy of insurance card, authorization, and all clinical documents for physician review.

PATIENT NAME: _____ DOB: _____ EDD: _____

OFFICE CONTACT NAME: _____ OFFICE CONTACT NUMBER: _____

REFERRING PROVIDER: _____ PROVIDER FAX NUMBER: _____ DATE: _____

PT CELL#: _____ HOME#: _____ F or S #: _____

ADDRESS: _____ _____

SSN: _____- _____- _____ INSURANCE: _____ TYPE: HMO / PPO IPA: _____

ID#: _____ GROUP#: _____ ID CARD ATTACHED: Y / N

AUTH REQUIRED: Y AUTHORIZATION NUMBER: _____

BLOOD TYPE: _____ BMI: _____ ☐ PRIMIGRAVIDA ☐ MULTIGRAVIDA LMP: _____

FOR URGENT ISSUES – PLEASE CALL PERINATOLOGIST AT 858-494-5360

1. **VISIT TYPE:**
   - ☐ Ultrasound-only visit (consult to be performed if clinically indicated)
   - ☐ Consult requested
     - ☐ Maternal indication _____
     - ☐ Fetal indication _____
     - ☐ Review of normal imaging findings
   - ☐ Preconception
   - ☐ Consideration for transfer of care
   - ☐ Other _____

2. **SCHEDULING:**
   - ☐ Urgent within one week
   - ☐ At specific gestational age _____
   - ☐ Within specific time frame: (please circle)
     1-2 weeks | 2-3 weeks | 3-4 weeks | other _____

3. **If follow up Ultrasound is needed:**
   - ☐ Return to OB Office ☐ Return to Perinatology

First Trimester Panel:
- ☐ Viability and Dating (CPT 76801)
- ☐ Single Gestation Nuchal (CPT 76813 + 76801)
- ☐ Twin Gestation Nuchal (CPT 76813 + 76814 + 76801 + 76802)

Second Trimester Panel:
- ☐ Single Gestation Anatomy (CPT 76811)
- ☐ Single Gestation Follow Up Growth (CPT 76816)
- ☐ Twin Gestation Anatomy (CPT 76811+76812)
- ☐ Twin Gestation Follow Up Growth (CPT 76816)
- ☐ Transvaginal, Cervical Length (CPT 76817)
- ☐ Doppler, Umbilical Artery (CPT 76820)
- ☐ Fetal Echocardiogram Singleton (CPT 93325,76825, 76827)
- ☐ Fetal Echocardiogram Twins (CPT 93325 x2, 76825 x2, 76827 x2)

Third Trimester Panel:
- ☐ Single Gestation Anatomy (CPT 76811)
- ☐ Single Gestation Follow Up Growth (CPT 76816)
- ☐ Twin Gestation Anatomy (CPT 76811+76812)
- ☐ Twin Gestation Follow Up Growth (CPT 76816)
- ☐ Biophysical Profile (CPT 76819)

PERI 300-NS7637-010

300-NS7637-010 (9/2/22)

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MEDICAL RECORD NUMBER(MRN) _____

CSN _____

Procedures:
☐ Amniocentesis & GC consult
☐ Chorionic Villous Sampling & GC consult
☐ Consideration of cerclage

Genetic Counseling:
☐ Consult with Genetic Counselor (CPT 96040)
☐ Preconception Counseling

Please indicate reason for referral:

_____

☐ **Diabetes in Pregnancy Program with MFM/Endo Co-Management**
ICD-10 Diagnosis Code: _____ ☐ Diabetes-Type I ☐ Diabetes-Type II ☐ GDM

- Diabetes Self-Management Education 5 individual visits - (G0108) and 1 group (G0109)
- Medical Nutrition Therapy - 1 initial visit (97802) and 2 follow-ups (97803)
- Ongoing assessment by Diabetes Care & Education Specialist (CDCES): Review of blood glucose monitoring results and meal planning status weekly or every two weeks as indicated.
- Perinatology Consultation

BLOOD GLUCOSE MONITORING SUPPLIES
☐ Order blood glucose testing supplies as follows for the duration of the pregnancy

Pre-gestational diabetes (testing greater than 4x per day)		
Quantity		**Refills**
Glucose meter & lancing device	one	none
Lancets & Test strips	#300	3
Gestational diabetes (testing 4x per day)		
	Quantity	**Refills**
Glucose meter & lancing device	one	none
Lancets & Test strips	#125	3

☐ **Pregnancy Epilepsy Program with MFM/Neurology Co-Management**
Maternal Indication: ☐ Epilepsy ☐ History of CVA ☐ Other _____

- Neurology Consultation
- Perinatology Consultation

Pregnancy Heart Program with MFM/Cardiology Co-Management
☐ Maternal Indication ☐ CVD ☐ CHD ☐ Preeclampsia ☐ Other _____

- Perinatology Consultation
- Cardiology Consult (CPT codes 99204, 99214, 99244)
- Echocardiogram (CPT code 93306)

If patient has established care with a Cardiologist, please indicate provider's name

_____

☐ Fetal Indication ☐ IVF ☐ Autoimmune disease ☐ Hx of maternal congenital heart defects
☐ Family history ☐ Abnormal screening ☐ Other _____
☐ Perinatology Consultation
☐ Echocardiogram Singleton (CPT 93325,76825, 76827)
☐ Fetal Echocardiogram Twins (CPT 93325 x2, 76825 x2, 76827 x2)
☐ Consult with Genetic Counselor (CPT 96040)

Physician #_____ **Physician Signature** _____

Corp ID_____ **Date and Time**_____

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