BIDMC Maternal-Fetal Medicine

CENTER FOR MATERNAL-FETAL MEDICINE

PRENATAL GENETICS

THE NEW ENGLAND CENTER FOR PLACENTAL DISORDERS

330 Brookline Avenue, Gryzmish 7th Floor
Boston, MA 02215
Phone: (617) 667-CMFM (2636)
Fax: (617) 667-2231

One Brookline Place, Suite 123
Brookline, MA 02445
Phone: (617) 667-CMFM (2636)
Fax: (617)-278-8138

Patient Information ❍ **New** ❍ **Return** Today's Date: _____

Name: _____ EDD: _____ DOB: _____

Phone (primary): _____ MRN: _____ G_____ P_____

Number of Fetuses: ❒ Singleton ❒ Twins ❒ Triplets

Interpreter needed? If Yes, Language: _____

Referring Provider (SCCHC)

Name: Lucy Chie, M.D. Janet Chollet, M.D. Lily Wu, M.D. Anita Cheng, M.D.

Address: 88 Holmes St. Quincy, MA 02171

Phone: 617-318-3250 Fax: 617-457-6600

Scheduling Preference: ❒ ASAP ❒ Next Available 1 2 3 4 5 6 weeks (circle one)

Ultrasound Appointment Desired:

First Trimester	Second and Third Trimester	Procedures
❒ Dating Ultrasound	❒ Level II Fetal Survey	❒ CVS / Amniocentesis*
❒ First Trimester Risk Assessment	❒ Cervical Length	❒ Multifetal Reduction*
Blood drawn for IRA? Date:_____	❒ Follow-up Ultrasound	*Type & Screen Needed
❒ Nuchal Translucency only	❒ Fetal testing (BPP)	❒ Other u/s: _____

Indication(s) for visit:

❒ Abnormal Screen (AFP, NT, ERA)	❒ Maternal Diabetes	❒ Screening
❒ Advanced Maternal Age (AMA)	❒ Medication Exposure	❒ Seizure Disorder
❒ Family/Prior hx of congenital anomaly	❒ Multiple Gestation	❒ Shortened Cervix
❒ Fetal Anomaly	❒ Oligohydramnios	❒ Size Less than Dates (S<D)
❒ Fetal Growth Restriction (IUGR)	❒ Placenta Previa/Bleeding	❒ Size Greater than dates (S>D)
❒ Fetal Macrosomia	❒ Polyhydramnios	❒ Thyroid Disease
❒ History of Preterm Birth	❒ Preconception counseling	❒ Other: _____
❒ Hypertension/Preeclampsia	❒ Preterm Labor	

❒ MFM Consult **❒ Genetic Consult** **❒ Accreta Consult**

Consult Indication: _____

Note: Please fax all pertinent records; U/S reports and labs (serum & carrier screens, and blood type).

THANK YOU FOR THE REFERRAL!