



Elizabeth J. Ferrell Fetal Health Center
 2401 Gillham Road, Hall Tower, Third Floor
 Kansas City, Missouri 64108
 Phone: (816) 855-1800
 Fax: (816) 234-9336

PRENATAL INTEGRATED SPECIALTY CLINIC REFERRAL FORM

PATIENT NAME: _____ SOCIAL SECURITY # ____/____/____
 HOME ADDRESS: _____
 PHONE NUMBER: _____ DATE OF BIRTH ____/____/____
 GRAVIDA/PARA ____/____ DUE DATE ____/____/____ LAST MENSTRUAL PERIOD ____/____/____
 MATERNAL DIAGNOSIS: _____
 FETAL DIAGNOSIS: _____

SERVICES REQUESTED

- | | |
|---|--|
| <input type="checkbox"/> INTEGRATED CONSULTATION
INCLUDES SUBSPECIALISTS, NEONATOLOGY,
SOCIAL WORK AND GENETICS

<input type="checkbox"/> NEPHROLOGY CONSULT

<input type="checkbox"/> FETAL MRI

<input type="checkbox"/> GENEITC CONSULTATION

<input type="checkbox"/> INTERVENTION CONSULTATION

<input type="checkbox"/> DELIVERY SERVICES | <input type="checkbox"/> MATERNAL FETAL MEDICINE
LOCATION:
<input type="checkbox"/> KANSAS CITY, MO
<input type="checkbox"/> OLATHE, KS
<input type="checkbox"/> PERINATAL CONSULT
<input type="checkbox"/> FIRST TRIMESTER SCREEN
<input type="checkbox"/> AMNIOCENTESIS
<input type="checkbox"/> DIABETIC CONSULT

<input type="checkbox"/> FETAL ECHOCARDIOGRAM
INCLUDES CARDIOLOGY CONSULT
816-234-3209
LOCATION:
<input type="checkbox"/> KANSAS CITY, MO
<input type="checkbox"/> OLATHE, KS
<input type="checkbox"/> WICHITA, KS |
|---|--|

OTHER: _____

REFERRING PROVIDER INFORMATION

ORDERING PHYSICIAN: _____
 OBSTETRIC PROVIDER: _____
 MFM PROVIDER: _____
 DELIVERY HOSPITAL: _____

- WHAT WE NEED FROM YOU:**
- COMPLETED REFERRAL FORM
 - COPY OF PATIENT INSURANCE CARD
 - ACOG AND CURRENT LABS
 - ULTRASOUNDS, MRI AND ECHO RESULTS
 - GENETIC CONSULTATION REPORT
 - INTERPRETER REQUIRED? _____
- PLEASE FAX ALL OF THE ABOVE (THAT YOU HAVE AVAILABLE)
 TO **816-234-9336**

FORM COMPLETED BY: _____ DATE: _____ CONTACT # _____ FAX# _____

FHC OFFICE ONLY – Do NOT WRITE BELOW THIS SECTION – CONFIRMATION OF APPOINTMENT

APPOINTMENT DATE: _____ APPOINTMENT TIME: _____
 PHYSICIANS NAME: _____ LOCATION: _____