



OUTPATIENT CONSULTATION FORM

Southern Colorado Maternal Fetal Medicine

Please select a location:
Colorado Springs
6071 E. Woodmen Rd, Ste 440
Colorado Springs, CO 80923
Phone: 719-622-3442
FAX: 1-888-310-9460

Pueblo
St. Mary Corwin Hospital
1008 Minnequa Ave, Ste 5220
Phone: 719-377-7822
FAX: 1-866-309-4287

Alamosa
Women's Health Center at
SLV Regional Medical Center
106 Blanca Ave
Alamosa, CO 81101
Phone: 719-377-7822
FAX: 1-866-309-4287

PRIOR TO SCHEDULING YOUR PATIENT THE FOLLOWING INFORMATION MUST BE RECEIVED

Patient Name, DOB, Referring Physician, Daytime Phone #, Alternate Phone #, Office Phone #, Alternate Phone #

Insurance Information: Please include a copy of the insurance card
Pregnancy Information: (check here if not applicable)
Primary Insured, Name of Insurance, Group #, ID#, LMP, EDD, Blood Type, Rh, Antibody screen

REASON FOR REQUEST REQUIRED
Ultrasound screen for anomalies, Diabetes, AMA\*, Fetal anomaly\*, Multiple gestation, Obesity, Positive marker screen\*, Abnormal Outside Ultrasound, Size-date discrepancy, HTN, Family Hx of\*, Other Medical Hx\*, Other

REQUIRED DOCUMENTATION: Please include copies of the below for all referrals, as appropriate.
Any missing documentation may delay patient scheduling.
Insurance Card, ALL prenatal labwork, Any carrier screening performed, ALL Ultrasound reports, Flowsheet history of OB visits, First / second trimester screen results

REQUESTED SERVICE(S) - Choose all that apply.
Singleton, Twin, Triplet, Other

REQUEST FOR ULTRASOUND / PROCEDURE
MFM to schedule follow-up U/S
Ultrasound with follow-up consult as clinically indicated
Ultrasound ONLY (MFM will discuss significant US findings)
First Trimester Screen (NT)
First Trimester Screen w/ first trimester ultrasound
CVS
Amniocentesis
Fetal echocardiogram with MFM
Doppler assessment
Cervical length
Biophysical profile
Amniotic fluid assessment
Non-Stress Testing
Other

REQUEST FOR CONSULTATION
MFM Consult Indication
Preconception Consult Indication

ADDITIONAL INFORMATION: