



DATE ____/____/____

PATIENT NAME _____ (Last) (First) (Middle) DOB ____/____/____

PATIENT CELL PHONE (____) ____-____ EDC ____/____/____ EGA _____ WEIGHT _____

INSURANCE _____ INSURANCE ID# _____

REFERRING MFM _____ (First) (Last) (Title) MFM CELL PHONE (____) ____-____ (Optional)

OFFICE PHONE (____) ____-____ OFFICE FAX (____) ____-____

OFFICE ADDRESS _____ (Street) (Suite #) (City) (State) (Zip Code)

PRIMARY OB _____ (First) (Last) (Title) OFFICE PHONE (____) ____-____

PRIOR INVASIVE PROCEDURES _____ Date ____/____/____

DATE OF PPRM ____/____/____

ANTIBIOTICS Has this patient been receiving antibiotics? Yes No Date ____/____/____
List: _____

PRETERM LABOR Has this patient experienced any symptoms of preterm labor? Yes No
Have any medications for preterm labor been administered? Yes No
List: _____

EXAMINATIONS Has the patient had a digital exam? Yes No Date ____/____/____
Has the patient had a vaginal ultrasound? Yes No Date ____/____/____

MOST RECENT ULTRASOUND Date ____/____/____

PLACENTA LOCATION Anterior Posterior Fundal

FETAL WEIGHT Estimated fetal weight measurement: _____ g

AMNIOTIC FLUID Maximum vertical pocket: _____ cm

CERVICAL LENGTH Cervical length _____ cm
Has a cerclage been performed? Yes No

GENETIC SCREENING 1st Trimester Yes No Results: _____ NT Yes No Results: _____
2nd Trimester Yes No Results: _____ NIPT Yes No Results: _____

DIAGNOSTIC TESTING CVS Yes No Date ____/____/____ Results: _____
Amniocentesis Yes No Date ____/____/____ Results: _____

MEDICAL HISTORY Is the patient taking Aspirin? Yes No
Please list any pertinent maternal medical conditions _____

PLEASE FAX FORM TO: (626) 356-3379

PLEASE ATTACH:
 • Patient demographic information
 • Insurance information
 • Prenatal records
 • Recent consultation letters and ultrasounds reports

Please contact our office at **(626) 356-3360** if you need help with the insurance authorization process.

Arlyn Llanes, RN and Kris Rallo, RN are available to answer questions by phone at **(626) 356-3360** or by email at Arlyn.Llanes@med.usc.edu or Kristine.Rallo@med.usc.edu.