Keck Medicine of USC

LOS ANGELES FETAL SURGERY
TRAP SEQUENCE / ACARDIAC TWIN REFERRAL FORM

Los Angeles Fetal Surgery

DATE _____/_____/_____

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

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

INSURANCE _____ **INSURANCE ID#** _____

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

OFFICE PHONE (_____) _____-_____ **OFFICE FAX (_____) _____-_____**

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

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

ULTRASOUND **DATE** ____/____/____

PLACENTA LOCATION ☐ Anterior ☐ Posterior ☐ Fundal

CHORIONICITY ☐ Mono-Di ☐ Mono-Mono ☐ Other: _____

AMNIOTIC FLUID
Maximum Vertical Pocket measurement:
Acardiac: _____ cm Twin ◯A or ◯B
Pump twin: _____ cm Twin ◯A or ◯B

BIOMETRY DISCORDANCE
Abdominal circumference measurement (including skin edema):
Acardiac: _____ cm Twin ◯A or ◯B
Pump twin: _____ cm Twin ◯A or ◯B

FETAL HYDROPS
Does the pump twin exhibit: Abdominal Ascites ☐ Yes ☐ No Pleural Effusion ☐ Yes ☐ No
Scalp / Skin Edema ☐ Yes ☐ No Placentomegaly ☐ Yes ☐ No

DOPPLERS – PUMP TWIN Umbilical Artery AEDV ☐ Yes ☐ No Umbilical Vein Pulsatile Flow ☐ Yes ☐ No
Umbilical Artery REDV ☐ Yes ☐ No Ductus Venosus Reverse Flow ☐ Yes ☐ No
MCA PSV MoM _____

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

DIAGNOSTIC TESTING CVS ☐ Yes ☐ No Date ____/____/____ Result _____
Amniocentesis ☐ Yes ☐ No Date ____/____/____ Result _____

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

AMNIOREDUCTION Has an amnioreduction been performed? ☐ Yes ☐ No
Date ____/____/____ Volume extracted _____ mL
Date ____/____/____ Volume extracted _____ mL

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.