Keck Medicine of USC

LOS ANGELES FETAL SURGERY
IATROGENIC PPROM REFERRAL FORM

Los Angeles Fetal Surgery

DATE _____ **MATERNAL WEIGHT**_____

PATIENT _____**DOB**_____ **CELL PHONE** _____

PHYSICIAN _____ **EDC**_____ **EGA**_____ **Twins**___ **Triplets**___

PHYSICIAN PHONE _____ **FAX**_____

PHYSICIAN ADDRESS _____

CITY/STATE _____ **INSURANCE** _____

PLACENTA The placenta is located on which uterine surface: _____ Anterior _____ Posterior _____ Fundal

WEIGHT The most recent measurement estimate the fetal weight to be: _____ grams

AMNIOTIC FLUID The maximum vertical pocket measured to be: _____ cm

DATE OF PROM _____ _____**IATROGENIC** _____**SPONTANEOUS**

AMNIOCENTESIS Has the patient undergone any amniocentesis procedures? ____ Genetic ____ Therapeutic ____ None

If a genetic amniocentesis has been performed, please list the fetal karyotype: ____ 46, XX ____ 46, XY

If a Triple Screen has been performed, please list the results: _____

INCOMPETENT CERVIX Does this patient have a history of an incompetent cervix? _____ Yes _____ No

Has a cerclage suture been performed with this pregnancy? _____ Yes _____ No

PRETERM LABOR Has this patient experienced any symptoms of preterm labor? _____ Yes _____ No

Have any medications for preterm labor been administered? _____ Yes _____ No

List: _____

BLEEDING Spotting _____Yes _____ No Bright Red Bleeding _____ Yes _____ No

ANTIBIOTICS Has this patient been receiving antibiotics? _____ Yes _____ No

List: _____

LABS Most recent WBC _____ Date_____

TEMPERATURE Is patient febrile? _____ Yes _____ No If yes, current temperature: _____

HAS PATIENT HAD A DIGITAL EXAM _____**YES** _____ **NO**

HAS PATIENT HAD A VAGINAL ULTRASOUND _____**YES** _____**NO**

MEDICAL HISTORY Please list any pertinent maternal medical conditions (i.e. diabetes, hypertension, lupus, CHD, etc.):

_____

_____

_____

PLEASE FAX QUESTIONAIRE TO (626) 356-3379

Insurance authorization will be coordinated by Arlyn Llanes, RN/Kris Rallo, RN, who may be contacted by phone at (626)356-3360, or by email at Arlyn.Llanes@med.usc.edu or Kris.Rallo@med.usc.edu.

Internal office use:

DATE RECEIVED _____ DIAGNOSIS _____

RECOMMEDATION _____ FOLLOW UP _____