



PATIENT REFERRAL FORM

IU Health University and North Maternal Fetal Medicine
Office Phone: 317-944-7010
Please fax this form and records to: 317-948-0104
We will call you with an appointment.

Patient Sticker

☐ University Location ☐ North Location

Patient Name _____ Maiden Name _____

Address _____ SS# _____

City _____ State _____ Zip _____ Birth Date _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Insurance _____

Referral Needed: ☐ Yes ☐ No Auth Needed: ☐ Yes ☐ No

Referring Physician _____ Phone () _____

Contact Person _____ Phone () _____ Fax () _____

Address _____ City _____ State _____ Zip _____

Appointment Requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Routine ultrasound (no MD contact) | <input type="checkbox"/> cvs | <input type="checkbox"/> Dopplers |
| <input type="checkbox"/> Extensive ultrasound (requires MD visit also) | <input type="checkbox"/> Amniocentesis | <input type="checkbox"/> BPP |
| <input type="checkbox"/> Trans-vaginal ultrasound | <input type="checkbox"/> Genetic counseling | <input type="checkbox"/> NST |
| <input type="checkbox"/> Fetal echocardiogram w/extensive ultrasound | <input type="checkbox"/> Maternal-Fetal Physician consultation | <input type="checkbox"/> Transfer of care |
| <input type="checkbox"/> Nuchal Translucency/first trimester screening | <input type="checkbox"/> Co-management of high risk pregnancy | |

Reason for referral _____

Physician Signature _____

Pregnancy dating: LMP _____ EDC _____ First U/S Date _____ EDC _____

G _____ P _____ Blood type _____ Date of maternal serum screen _____

FOR OFFICE USE ONLY

Hospital # _____ MFM# _____

COUNSELING: Date _____ Time _____ APPOINTMENT: Date _____ Time _____

Appointment Type: _____ Physician: _____ Location: _____

Special Consultation Date: _____ with ☐ Cardiology ☐ Urology ☐ Neurosurgery ☐ Pediatric Surgery

Appointment Scheduled by _____ Confirmed on: _____ ☐ with Patient ☐ with Office

Info Sent: _____ / _____ / _____ Records being sent by: ☐ Fax ☐ Mail

Practicing Physicians of the Indiana University School of Medicine



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Orders / Protocols

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