

**Seattle Children’s PRENATAL Appointment Request**

**Please fax to: 206-985-3407. Scheduling phone: 206-987-5629**

**Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interpreter needed? □ No □ Yes Language \_\_\_\_\_\_\_\_**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Due Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral reason/ Dx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Desired appointment timeframe: ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Referring Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referring Provider Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary OB (**if not referring**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Provider Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| *Unsure what your patient needs? Please call the Prenatal Team at Springbrook to discuss:206-987-5629*  Specialists requested: (please check all that apply) \*\*Seattle is the primary location where a combination of specialists can be seen together. | |
| **□ Fetal Echo + Pediatric Cardiology**  **□ OB US + Maternal Fetal Medicine**  **□ Genetic Counseling**  **□ Medical Genetics**  **□ Pediatric Neurology/Neurodevelopmental**  **□ Fetal MRI** | **□ Pediatric General Surgery**  **□ Pediatric Cardiac Surgery**  **□ Pediatric Nephrology**  **□ Pediatric Urology**  **□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Cardiology is available in several locations. Please mark preferred site to schedule if available during desired timeline:**  □ Seattle □ Everett □ Bellevue □ Federal Way □Tacoma □ Olympia □ Silverdale □ Tri Cities□ Yakima □ Wenatchee □ Valley | |
| **Craniofacial** (fax 206-985-3121, call 206-987-2208 for scheduling) **Orthopedics** (fax 206-985-3121, call 206-987-2109 for scheduling) | |

**MUST INCLUDE THE FOLLOWING WITH YOUR REFERRAL IN ORDER TO PROCESS:**

* + - * **Patient demographics + insurance information**
      * **Ultrasound reports**
      * **OB clinic notes + lab results**
      * **MFM consult notes (if applicable)**
      * **Genetic counseling notes, pedigree, and test results**
      * **For URO+NEPH: IMAGES MUST BE PUSHED TO “Seattle Children’s Hospital” IN UNIVERSAL VIEWER or UPLOADED TO** <http://www.seattlechildrens.org/uploadimage> **IN ORDER FOR OUR PROVIDERS TO BE ABLE TO CONSULT**