

EAST SIDE OFFICE  
5050 NE Hoyt Street, Suite 230  
Portland, OR 97213  
Referral Phone: (503) 734-3734  
Referral Fax: (503) 734-3559  
Main Phone: (503) 482-1800



WEST SIDE OFFICE  
9701 SW Barnes Road, Suite 299  
Portland, OR 97225  
Referral Phone: (503) 734-3734  
Referral Fax: (503) 734-3559  
Main Phone: (503) 297-3660

## Referral Request Form

Date: \_\_\_\_\_ Referring Provider: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interpreter Required – Language: \_\_\_\_\_  Gestational carrier  Previously seen at NWP

MEDICAL PROVIDER TO COMPLETE

Reason for Referral: 1) diagnosis: \_\_\_\_\_  general pregnancy management  
specific question: \_\_\_\_\_

2) diagnosis: \_\_\_\_\_  general pregnancy management  
specific question: \_\_\_\_\_

Current EGA: \_\_\_\_\_ weeks EDC: \_\_\_\_\_ by:  LMP: \_\_\_\_\_ and/or  prior U/S at \_\_\_\_\_ weeks

Number of Fetuses (circle):    1        2        3                      BMI (pre-pregnancy)\*: \_\_\_\_\_  
*\*or at 1st visit if pre-pregnancy weight unknown*

**FETAL ULTRASOUND**

1<sup>st</sup> Trimester Dating / Viability\*  
(Routine study recommended at 12 weeks)

Sequential Screening\*  
(Performed at 11 3/7 – 13 6/7 weeks)

Anatomy Ultrasound\*  
(Recommended at 20 weeks)

Routine

Detailed (e.g. AMA, BMI >30,  
    increased risk for anomalies)

Transvaginal Cervical Length\*  
(Typically 16-24 weeks)

Fetal Echocardiogram\*  
(Typically 20-22 weeks)

**FOLLOW-UP**

Follow-up Ultrasound\*

Growth

Anatomy

Placental Position

Other: \_\_\_\_\_

Amniotic Fluid Index\*

Biophysical Profile\*

Umbilical Artery Dopplers\*

Middle Cerebral Artery Dopplers\*

Non-stress Test Only

*\* MFM consultation and follow-up studies  
as clinically indicated*

**CONSULTATION**

Genetic Counseling

Testing Options

Chorionic Villus Sampling

Amniocentesis

Maternal-Fetal Medicine

Moderate-Risk OB Service

**PLEASE FAX A COPY OF THE CURRENT PRENATAL RECORDS AND PERTINENT STUDIES  
ALONG WITH THIS REQUEST FORM TO (503) 734-3559**

OUR CLINICAL CARE COORDINATOR CAN BE REACHED AT (503) 734-3734 IF YOUR OFFICE HAS ANY QUESTIONS

OUR SCHEDULING DEPARTMENT WILL CONTACT YOUR PATIENT TO SCHEDULE THE APPOINTMENT  
THEIR CONTACT NUMBER IS (503) 297-3660, OPTION #1