

# Request for Consultation

## Le Bonheur Fetal Center

51 N. Dunlap, Suite 305  
Memphis, TN 38103  
901 287-6981 • Fax 901 287-6980

Referring Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact Person \_\_\_\_\_

Date of Request \_\_\_\_\_

Reason for Referral \_\_\_\_\_

\_\_\_ Consult only

\_\_\_ Co-management

\_\_\_ Transfer of care

Patient Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Home \_\_\_\_\_ Alternate number \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID # \_\_\_\_\_

Referral needed \_\_\_ no \_\_\_ yes Authorization Number \_\_\_\_\_

### Maternal History

Age \_\_\_\_\_ LMP \_\_\_\_\_ EDC \_\_\_\_\_ G \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ A \_\_\_\_\_ L \_\_\_\_\_

Any Special Needs? \_\_\_\_\_

GA at time of referral \_\_\_\_\_ weeks

Please complete and fax prenatal records, ultrasounds and lab work along with this form. The patient will be contacted and an appointment made. We will notify your office of the appointment time as well.

### Le Bonheur Fetal Center Office use only

Date/Time of first appointment \_\_\_\_\_