POMONA FAX (909) 622-5309 PH (909)865-9705

SAN GABRIEL VALLEY PERINATAL MEDICAL GROUP, INC.

APPOINTMENT INTAKE INFORMATION SHEET

Today's Date_____ **PRENATAL SCREENING FORM #**_____

Last Name: _____ First Name: _____Weight_____Height_____

Address _____City _____ Zip _____

Home Phone Number (_____)_____ Cell Number (_____)_____

DOB: _____ Age _____ Language: _____ Social Security # _____

Insurance _____ID# _____

Referring M.D. _____ **Signature of M.D.** _____

Address _____City _____ Zip _____

Phone (_____)_____ Fax (_____)_____Contact _____

Gravida: _____ Para: _____ LMP: _____ EDC: _____ (U/S Done on: _____; GA @ U/S: _____)

Please fax a copy of patient's insurance card, signed patient information sheet, prenatal records, ultrasounds, AFP results (front and back), pertinent laboratory results and all supporting documentation for your diagnosis. Thank You.

Clinical indications for services requested:

1. _____ **ICD.10** _____
2. _____ **ICD.10**_____
3. _____ **ICD.10** _____

PLEASE CHECK ALL THAT APPLY

- **Ultrasound with Consultation & Dopplers, if applicable – 76811, 99204, 76817**
- **This is a high risk pregnancy and I request Co-management of pregnancy**
- **NT/AMA – NT with 1st Trimester ultrasound/Genetic Counseling (11 2/7 – 14 wks) – 76813, 76801 & 96040x3 (Insurance) and/or S0265x5 (Medi-cal HMO)**
- **NT with 1st Trimester ultrasound (11 2/7 – 14 wks) - 76813 & 76801**
- **Fetal Echocardiogram – 76825,76827,93325**
- **Genetic Counseling – 96040x3 INSURANCE or S0265x5 Medi-Cal HMO**
- **Abnormal AFP/FTS: Includes Genetic counseling/Ultrasound/CVS or Amniocentesis**
- **Patient Declines Genetic Counseling**
- **Fetal Non-Stress Test (NST) please select**
  - **One time only - 59025,76815**
  - **1 time per week 59025 x16 76815 x8**
  - **2 times weekly until delivery - 59025 x16, 76815 x8**
- **Vaginal Ultrasound Cervical Length - 76817**
  - **One time only**
  - **Every 2 weeks until 24 weeks**
- **Doppler Study – frequency as determined by perinatologist (please select)**
  - **Umbilical Artery - 76820**
  - **MCA – Middle Cerebral Artery - 76821**
- **AMA/FAMILY HX/ABNORMAL ULTRASOUND – Includes: Genetic Counseling/Ultrasound/CVS or Amniocentesis – 99204,96040x3,S0265x5,76811,59015,76945 OR 59000,76946**

APPOINTMENT: _____ TIME: _____ CPT CODES: _____