

# Legacy Medical Group–Maternal-Fetal Medicine Referral Form



**Legacy Emanuel Campus**  
 Medical Office Building 3  
 300 N. Graham St., Suite 100  
 Portland, OR 97227  
 Phone: 503-413-1122  
 Fax: 503-413-4238

**Tuality Healthcare Campus**  
 333 S.E. 7th Ave., Suite 4350  
 Hillsboro, OR 97123  
 Phone: 503-413-1122  
 Fax: 503-413-4238

**Legacy Salmon Creek Campus**  
 Medical Office Building B  
 2101 N.E. 139th St., Suite 260  
 Vancouver, WA 98686  
 Phone: 360-487-2870  
 Fax: 360-487-2879

**Clackamas Campus**  
 One Town Center  
 10151 S.E. Sunnyside Road, Suite 315  
 Clackamas, OR 97015  
 Phone: 503-414-5700  
 Fax: 503-413-4238

**Date:** \_\_\_\_\_

Patient's name:		Patient's home number:	
Patient's date of birth:	Social Sec #:	Patient's home address:	
Referring physician/provider:		Referring physician's address:	
Referring physician's phone:		Referring physician's fax:	
Referring physician's signature:		Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – what language: _____	

Primary insurance:	Phone:	Secondary insurance:	Phone:
Subscriber's name:	Date of birth:	Subscriber's name:	Date of birth:
Policy number/group number:		Policy number/group number:	

LMP:	EDC:	Blood type:	G:	P:	A:
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**Reason for referral/diagnosis:**

**MFM/perinatal consult**  
(may include ultrasound if indicated)

**Prepregnancy MFM consult**

**Prepregnancy genetic consult**

**NST / AFI or BPP**

**Please contact me about:**

**Share Care**                       **Assume Care**

**Has the patient had genetic counseling before:**

**Yes**     **No**

**If yes, when and where**

\_\_\_\_\_

\_\_\_\_\_

**Ultrasound w/genetic counseling or MFM consult if indicated**

**Check viability or cervical length or dating**

**1st trimester screen (w/genetic counseling if > 35 years old)**

**Chorionic villus sampling (CVS) or amnio w/genetic counseling**

**Working EDD** \_\_\_ / \_\_\_ / \_\_\_ **based on** \_\_\_\_\_

**Working gestational age:** \_\_\_\_\_

**Previous ultrasound done at** \_\_\_\_\_ **on** \_\_\_ / \_\_\_ / \_\_\_

**Office Use Only:**