

FETAL CARE CENTER INTAKE/REFERRAL FORM

8200 Dodge Street, Omaha, NE 68114



Thank you for allowing us to participate in the care of your patient. The Fetal Care Center provides a unique service to parents and families through pre-delivery education and personalized, comprehensive care coordination between the obstetrician, the maternal-fetal medicine specialists and the pediatric subspecialists. Through a multidisciplinary approach, our specialists will determine and implement a coordinated plan to provide the best care possible to expectant mothers and their unborn children.

Fetal Care Center Nurse Coordinators will contact your patient upon receipt of this referral form. Comprehensive evaluations and testing will be scheduled and coordinated through the Fetal Care Center. If neonatal transfer to Children's Nebraska is expected, each family will be offered a personalized hospital tour as well as additional support through our Social Work, Lactation, Child Life and Spiritual Care departments.

PATIENT INTAKE INFORMATION

DATE OF REFERRAL: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PREFERRED PHONE NUMBER: _____

EMAIL: _____

EDC: _____

GESTATIONAL AGE: _____

MATERNAL DIAGNOSIS: _____

FETAL DIAGNOSIS: _____

TRANSLATOR NEEDED? ☐ NO ☐ YES – LANGUAGE: _____

REFERRAL INFORMATION

REFERRING M.D. NAME: _____

FACILITY: _____

PHONE: _____

FAX: _____

PRACTICE CONTACT/REFERRAL COORDINATOR: _____

REASON FOR REFERRAL

Children's pediatric specialty consultation requested:

- | | |
|---|---|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neonatology |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Craniofacial/Plastic Surgery | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Developmental Pediatrics | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Genetic Counseling | <input type="checkbox"/> Palliative Care/Hand-in-Hand |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Pediatric Surgery |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Other: _____ |

Imaging:

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Fetal Echo | <input type="checkbox"/> Fetal MRI |
| <input type="checkbox"/> Other: _____ | |

Please complete this form and send along with the prenatal record, OB lab panel, ultrasound report(s), demographic sheet and insurance information. You are welcome to send all records to the Fetal Care Center via fax at 402.955.4374 or email at FetalCare@ChildrensNebraska.org. Please call 402.955.3030 with questions.