Los Angeles fetal therapy

LOS ANGELES FETAL THERAPY PROGRAM
FETAL CHEST MASS REFERRAL FORM

Keck School of Medicine of USC

DATE_____

PATIENT _____**DOB** _____ **Maternal Weight**____**Cell Phone**_____

PHYSICIAN _____ **EDC**_____**EGA**_____**Twins**___**Triplets**___

PHSICIAN PHONE NO. _____ **FAX**_____

PHYSICIAN ADDRESS _____

CITY/STATE/ZIP _____ **INSURANCE CO.**_____

SUSPECTED DIAGNOSIS Congenital Cystic Adenomatoid Malformation (CCAM) _____ Type I II III (circle)
Pulmonary Sequestration _____ Pleural Effusion _____ Other _____

PLACENTA LOCATION PRIMARILY _____ Anterior _____ Posterior

AMNIOTIC FLUID VOLUME Maximum Vertical Pocket _____cm

OTHER FETAL ANOMALIES Yes____ No____ Comments _____

ABNORMAL INTRACRANIAL U/S FINDINGS

Does the fetus have evidence of:		
	Intraventricular hemorrhage	_____Yes _____No
	Porencephalic cysts	_____Yes _____No
	Ventriculomegaly	_____Yes _____No

FETAL HYDROPS

Does the fetus have evidence of:		
	Abdominal ascites	_____Yes _____No
	Scalp edema	_____Yes _____No
	Pleural effusion	_____Yes _____No
	Pericardial effusion	_____Yes _____No

DOPPLER STUDIES

Umbilical artery:	AEDV	_____Yes _____No
	REDV	_____Yes _____No
Ductus Venosus- Reverse Flow		_____Yes _____No
Pulsatile Umbilical Vein		_____Yes _____No

CERVICAL LENGTH-REQUIRED
Via endosvaginal scanning, the cervical length appeared to measure _____ cm Funneling ? _____ Yes _____ No

TRIPLE SCREEN
If this test has been done is there an increased risk for:
Down's Syndrome? ____Yes ____No Neural tube defect? ____Yes ____No

AMNIOCENTESIS
Has the patient undergone any amniocentesis procedures? ____ Genetic ____ None
If a genetic amniocentesis has been performed, please state the fetal karyotype: ____ 46, XX ____ 46, XY
If other laboratory tests have been ordered (such as TORCH tests) please fax results with this form

PLEASE FAX FORM TO: (323) 361-6099

Insurance authorization will be coordinated with Arlyn Llanes, RN/Kris Rallo, RN, who may be contacted by phone at: (323) 361-6074, or by Email at: allanes@usc.edu or kristine.rallo@med.usc.edu.