



**The Children's Hospital
of San Antonio™**

CHRISTUS Health

Fetal Care Center

Fetal Care Coordination Request

To request Fetal Care Coordination, please complete the information below and fax along with all patient medical records, including labs, ultrasounds and demographic and patient insurance information to the Fetal Care Center, ATTN: Monica Huerta, Fetal Care Coordinator at 210.704.0086. Depending on selected specialty and patient insurance, referrals and/or authorizations may be required. If this is an urgent or emergent request, please call 210.704.2219 after faxing the completed form.

Referring Provider Name: _____ Date of Referral: ____/____/____
(mm/dd/yyyy)

Phone: _____ Fax: _____

Patient Information

Last Name: _____

First Name: _____

Date of Birth: ____/____/____
(mm/dd/yyyy)

Address: _____

City: _____

State/Zip: _____

Preferred Contact Method:

Home #: _____

Work #: _____

Cell #: _____

Primary Language: _____

Interpreter Needed: Yes No

Provider Information

Primary OB/PCP:

Name: _____

Location: _____

Phone #: _____

Fax #: _____

Maternal-Fetal Medicine Provider (if applicable):

Name: _____

Location: _____

Phone #: _____

Fax #: _____

Obstetrical History

G: _____ P: _____

Number of Fetuses: Singleton Twin Other

Diagnosis: _____

Gestational Age Today: _____ weeks _____ days

LMP: ____/____/____ EDD: ____/____/____

Services Being Requested (Check all that Apply):

Craniofacial Surgery Genetics Neurosurgery

Fetal Echo/Fetal Cardiology Nephrology Radiology/Fetal MRI

General Surgery Neurology Urology

Other: _____

Would you like information about our OB Hospitalist Program? Yes No

Upon receipt of all information, our office will contact you to confirm and schedule the patient.

If you have any questions, please call or contact:

Monica L. Huerta, M. Ed, BSN, RN

Fetal Care Coordinator, The Children's Hospital of San Antonio

P: 210.704.2219 or email: monica.huerta@christushealth.org