



Date of referral: _____

Connecticut Children's Referral Form

Complex Fetal Care Consult Order

Please attach all relevant supporting documents and fax to OneCall at 860.837.9898

PATIENT INFORMATION

Patient name: (Last) _____ (First) _____

Date of birth: _____

Address: _____ City/State/Zip: _____

Phone: (Preferred) _____ (Secondary) _____

Insurance: _____ ID: _____

Needs interpreter? Yes No If yes, language: _____

Gestational Age: _____

Suspected Diagnosis:

- O09.811 - O09.819 - assisted reproductive technology
 O35.1xx0 - O35.1xx9 - suspected or known fetal chromosome abnormality
 O35.2xx0 - O35.2xx9 - suspected or known hereditary disease in fetus
 O35.8xx0 - O35.8xx9 - suspected or known fetal congenital heart disease
 O35.8xx0 - O35.8xx9 - fetal multiple congenital anomalies
 O35.9xx0 - O35.9xx9 - suspected or known fetal abnormality & damage, unspecified
 O36.8310 - O03.8399 - fetal arrhythmia
 Maternal congenital heart disease
 Z82.49 - family history of hypertrophic cardiomyopathy
 Z82.79 - family history of congenital heart disease

Other Diagnosis : _____

Urgency: within one month within 1-2 weeks

If an appointment is needed sooner, please reach out to Cardiology at 860.545.9400

Specialties to coordinate with:

- Sunflower Kids/Palliative Care Neurosurgery Maternal Fetal Medicine
 NICU Urology Nephrology
 Cardiology General Surgery Other: _____

Referring Provider: _____ Phone: _____

Signature: _____ Fax: _____

Questions? Physicians call 833.733.7669 Patients call 860.545.9400 for scheduling