



BARNES JEWISH HOSPITAL OB-GYN CLINIC

FAX: 314-454-5167

**For any questions or concerns
please call the office: 314-454-7882**

Patient Name:	Referring Physician:
DOB: Social Security #:	Office Contact Person:
Patient Address	Office Phone:
Pt. Home Phone:	Office Fax:
Pt. Alternate Phone:	
Interpreter Needed: Yes / No Language:	Self pay: Yes / No Insurance: Yes / No
REQUIRED Insurance Name(Plan Name): If applicable	

Indication for Referral (DX): _____

- Service Requested:**
- Consultation only: Evaluate and Recommend
 - Evaluate, Initiate Treatment and Recommend
 - Transfer of Care
 - Co-Management

- Specialty Requested:**
- Obstetrics
 - High Risk/Diabetic Obstetrics
 - Gynecology
 - Gynecology Oncology/Colposcopy
 - Uro-Gynecology
 - Pediatric/Adolescent GYN
 - MIS Clinic

Requested for: 2-4 weeks 1st available
Urgent OB referrals: please call the clinic 314-454-7882 and ask to speak to the High Risk OB nurse or Clinic Manager.

For ALL Referrals:
Please send all available records: visit notes, labs, cytology/pathology reports, X-ray/Ultrasound/CT reports, Op Notes.

For GYN ONCOLOGY Referrals: Please send all available records and specifically: visit notes, cytology and/or pathology reports, CT scans, OP Notes.
If referral for adnexal mass, please obtain CA-125 and forward results with records.

For OB Referrals: Please send all available records and specifically: ACOG, prenatal labs, Ultrasound reports, C-section Op note, and if pertinent previous delivery and prenatal records.

Referrals for abnormal genetic screenings: Use Washington University School of Medicine "DIVISION OF MATERNAL FETAL MEDICINE & ULTRASOUND" referral form.
Fax 314-747-1637 Phone 314-454-8181

Additional Notes:

Physician Signature _____ Date: _____ "required"