MUNSON HEALTHCARE

Form # 11211 (09/15)

MATERNITY NON-STRESS TEST (NST) PHYSICIAN REFERRAL

Patient Legal First Name:		Patient Legal Last Name:	Phone #
DOB:	Medical Record #	Schedule Test Date:	Trimester or Weeks Gestation:

DIAGNOSIS / REASON FOR NON-STRESS TEST (NST) - *Select all that apply:*

MULTIPLE GESTATION

- ☐ Twin
- ☐ Triplet

FETAL COMPLICATIONS

- ☐ Decreased Fetal Movement: __________ (fetus#)
- ☐ Poor Fetal Growth / IUGR: __________ (fetus#)
- ☐ Abnormal Fetal Heart Rate / Rhythm

MALPRESENTATION

- ☐ Unstable Lie: ________ (fetus#)
- ☐ Breech: ________ (fetus#)
- ☐ Transverse and/or Obligque Lie: ________ (fetus#)
- ☐ Other type: __________________________ (fetus#)

MATERNAL REPRODUCTIVE HISTORY

- ☐ Poor Reproductive History
- ☐ Elderly Multigravida
- ☐ Insufficient Prenatal Care
- ☐ History of Fetal Demise

MATERNAL COMPLICATIONS

- ☐ Oligohyraminios
- ☐ Antepartum Spotting
- ☐ Threatened Pre-term Labor
- ☐ False Labor
- ☐ Premature Labor
- ☐ Post-term Pregnancy
- ☐ Dehydration

Nausea/Vomiting

- ☐ Early (before 20 weeks gestation)
- ☐ Late (after 20 weeks gestation)

Hypertension

- ☐ Pre-existing / Chronic
- ☐ Pregnancy Induced

Gestational Diabetes

- ☐ Insulin Required
- ☐ Diet Controlled

Pre-Existing Diabetes

- ☐ Type 1
- ☐ Type 2

☐ Abdominal Pain - Specify:

Site:________________________

Acuity:________________________

☐ OTHER - Specify:____________________________

INSTRUCTIONS

Fetus # - Enter the # of the fetus affected (Baby A = 1; Baby B = 2). Enter "0" if a single fetus or unknown which fetus is affected.

Ordering Practice Name:____

Address:____

Phone:______________________________ ☐ Phone Results ☐ Routine ☐ Stat

Fax:______________________________ ☐ Fax Results Copy Report To:______________________________

PATIENT ID LABEL

____
Ordering Physician (Print)

____
Ordering Physician Signature **Date / Time**

Please check with insurance provider to ensure the ordered tests are covered. *Some tests require medical necessity.*

Fax completed referral with any current office notes to Patient Access Services: 231-935-3203