

USF HEALTH FETAL CARE CENTER OF TAMPA BAY QUESTIONNAIRE LOWER OBSTRUCTIVE UROPATHY REFERRAL

Please fax this form, sono report and prenatals to: 813-259-0839.

TODAY'S DATE ____ / ____ / ____

Patient _____ Age _____ Maternal Height _____ Weight _____

Physician _____ LMP _____ EDD _____ EGA _____ Twins _____ Triplets _____

Physician Phone No. _____ Fax _____

Physician Address _____

City/State _____ Insurance Co _____

Ultrasound Date	Right Kidney		Left Kidney	
Renal Pelvis	mm		mm	
Renal Parenchyma	<input type="checkbox"/> Normal	<input type="checkbox"/> Echogenic	<input type="checkbox"/> Normal	<input type="checkbox"/> Echogenic
Cystic Dysplasia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

AMNIOTIC FLUID VOLUME Maximum Vertical Pocket _____cm AFI _____cm

BLADDER DIAMETER _____x _____x _____cm

KEYHOLE SIGN _____No _____Yes ASCITES _____No _____Yes

1. If a serum screen or non-invasive prenatal testing has been performed is there an increased risk for:
- Down's Syndrome? _____Yes _____No Neural tube defect? _____Yes _____No
- Others? _____Yes _____No

Details _____

2. Has the patient undergone any diagnostic genetic procedures? _____Amnio _____CVS _____None

3. If a diagnostic genetic procedure has been performed, please provide: Date _____

Results _____

If you have performed a vesicocentesis, please complete.

	Vesico #1 Date	Vesico #2 Date
Sodium (Na) < 100mEq/dl	<input type="text"/>	<input type="text"/>
Chloride(Cl) < 90mEq/dl	<input type="text"/>	<input type="text"/>
Osmolality(Osm) < 210mOsm/L	<input type="text"/>	<input type="text"/>
Calcium(Ca++) < 8mEq/dl	<input type="text"/>	<input type="text"/>
Beta2 < 10mg/l	<input type="text"/>	<input type="text"/>
Protein < 20mg/dl	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY:
Date Received
Diagnosis
Recommendation
Follow Up

Thank you for this referral. I will get back with you as soon as possible.

Sara Zientara, RNC, BSN, Perinatal Navigator/Fetal Care Center Coordinator

e-mail: szientara@tgh.org -or- aodibo@health.usf.edu . Phone 813-259-8513 . Fax 813-259-0839