

Women and Infants'
Obstetric and Consultative Medicine

Patient's Name: _____ Date of Birth: ____/____/____

Date: ____/____/____

Instructions: 1. Schedule patient for appointment: (401) 453-7950 or (401) 274-1122 (extension 7340)
Date: _____ Time: _____
2. Complete this form and fax all materials to WIH Obstetric & Consultative Medicine:
(401) 453-7748.
3. Fax this form to the Surgeon's office.

Surgery Surgeon: _____ Surgery Date: ____/____/____

Surgical Procedure: _____

Indication for OB Medicine Consult

Neuro

- ___ Seizure disorder
- ___ Parkinson's disease

Cardiovascular

- ___ Angina, myocardial infarction
- ___ Congestive heart failure
- ___ Coronary stent, angioplasty catheterization, bypass
- ___ Valvular heart disease (other than mitral valve prolapse)
- ___ Congenital heart disease
- ___ Arrhythmia

Pulmonary

- ___ Oxygen dependent
- ___ Sleep Apnea
- ___ Significant Asthma or COPD (dyspnea limiting activities of daily living)

Gastro-Intestinal

- ___ Cirrhosis

Endocrine

- ___ Diabetes Mellitus with poor glucose control
- ___ Diabetes Mellitus Type I

Renal

- ___ Chronic Renal Insufficiency

Hematology

- ___ Bleeding disorders (ie. Von Willebrand's disease, factor abnormalities, etc.)

Medications

- ___ Anticoagulants or anti-platelet medications: warfarin (coumadin), heparin, enoxaparin (lovenox), plavix (clopidogrel), ticlopidine (ticlid)

Other _____

After evaluation, fax consultative materials to Pre-Admission Testing Center at: (401) 276-7899.

Anesthesiologist Signature: _____ Date: ____/____/____

Print Name: _____