UNC Family Planning Referral Form

*THIS REFERRAL MUST BE **FULLY COMPLETED** AND ACCOMPANIED BY
(1) DEMOGRAPHIC INFORMATION (2) LEGIBLE COPY OF INSURANCE CARD FRONT/BACK
(3) PERTINENT MEDICAL RECORDS (blood type and AB screen) IN ORDER TO BE SCHEDULED*

Patient Name: (Last, First, MI) ____
Date of Birth: _________________________ Age:______ Medical Record Number: __________________________
Patient Phone#: _______________________ Preferred Language:___________________ Interpreter Needed: Y/N
Number of Fetuses____ LMP/EDD________ Requested timeframe for appointment: ______ (days) _____ (weeks)
Requesting Provider:______________________________ Phone #__________________ Fax# _________________

INDICATION(S) /DIAGNOSIS CODE(S): ____

Consult for Surgical Management of Miscarriage

Required documentation to schedule:
☐ Blood type and AB screen
☐ Most recent ultrasound – report and images if available

Consult for Sterilization (Tubal Ligation)

Reason for referral:
☐ Did not receive PPBTL at delivery (provide details):____
☐ Requests elective sterilization

Required documentation to schedule:
☐ If Medicaid then consent needs to be attached to the referral

Consult for Surgical Management of Pregnancy Complication

Reason for referral:
☐ Maternal health:_________________________________
☐ Fetal condition:__________________________________
☐ Diagnosis code(s) if known:_______________________

Patient certain she wishes to proceed with surgical management: Yes/No

Required documentation to schedule:
☐ Blood type and AB screen
☐ Most recent ultrasound – report and images if available

Consult for Removal of Non-Palpable Contraceptive Implant

Required documentation to schedule:
☐ Brand of implant:______________________
☐ Date of implant placement:______________
☐ X-ray of the arm with the implant in
☐ X-ray images and/or report need to be available at the time of consult

Consult for Removal of IUD With No Visible Strings

Required documentation to schedule:
☐ Brand of IUD:_____________________________
☐ Date of IUD placement:______________________
☐ Pelvic ultrasound to determine IUD placement
☐ Findings:___________________________________
☐ Ultrasound images and/or report need to be available at the time of the consult

UNC Health Care Women's Hospital Family Planning Clinic Location: Women's Hospital First Floor

Scheduling: 984-974-8955 Fax: 984-974-8910

Revised May 25, 2018