The Ohio State University Wexner Medical Center

Maternal Transport Referral Form

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Ohio State Maternal Fetal Medicine Physicians: 614-685-2929

IMPORTANT: Please provide these **completed** forms.

FORM	☑	INSTRUCTIONS
Transfer certificate	☐	**Complete** and send with patient
Ambulance Certification of Medical Necessity	☐	**Complete** and send with patient
Maternal Transport Referral Form (see next page)	☐	**Complete** and send with patient
Face sheet	☐	**Complete** and fax to 614-293-5677
Provider physical exam documentation	☐	Send with patient or fax to 614-293-5712
Inpatient records, including medications and times given	☐	Send with patient or fax to 614-293-5712
ACOG/Prenatal record and prenatal labs	☐	Send with patient or fax to 614-293-5712
Earliest ultrasound performed to determine or confirm EDD	☐	Send with patient or fax to 614-293-5712
Operative report if patient has had a prior cesarean delivery	☐	Send with patient or fax to 614-293-5712
When patient leaves your department	☐	**Call Ohio State OB-ED Nurse Phone: 614-293-3224** Give updated status and route of transport (via air or ground)

To provide feedback regarding transfers, please email Taylor.Baker@osumc.edu.

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Date/Time	Patient Name
DOB	MRN
Transferring hospital	Transferring physician
Phone	Fax
Estimated time arriving to Ohio State	Indication for transfer
Other pregnancy complications	Prior mode of delivery

GA: EDD: G _____ T _____ P _____ AB _____ L _____

Past medical history

Membranes
☐ Intact ☐ Ruptured Date: _____ Time: _____ ☐ Meconium ☐ Clear ☐ Vaginal Bleeding

SVE
Time: Dilation: Effacement: Station: Presentation:

Vitals of note:

Pertinent labs:

Meds given before TX
Anti-HTN: Pain: Antibiotics: Antenatal steroids: Mag: Bolus/start time:

Fetal status/category of tracing/contractions

Date of last ultrasound/concerns	Estimated fetal weight if available
Mode of transfer	Placenta concerns

Last vitals before transfer Temp: HR: BP:

Notes

Patient Label