1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

PRIMARY OB PROVIDER

VISIT TYPE: MATERNAL-FETAL MEDICINE CONSULTATION / HIGH-RISK PREGNANCY FOLLOW-UP / ULTRASOUND REVIEW / PRECONCEPTION CONSULTATION / TELEHEALTH

CARE SETTING: OUTPATIENT MFM CLINIC / PRENATAL CLINIC / HOSPITAL / LABOR & DELIVERY / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CHAPERONE PRESENT, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY MATERNAL-FETAL MEDICINE CONCERN

Primary maternal-fetal medicine-related reason for the visit in the patient's own words when possible — high-risk pregnancy consultation, abnormal ultrasound finding, fetal growth concern, diabetes in pregnancy, hypertension in pregnancy, prior pregnancy complication, multiple gestation, advanced maternal age, maternal medical condition, medication exposure, genetic screening concern, preterm birth risk, placenta concern, or preconception counseling...

S SUBJECTIVE

3 PREGNANCY SYMPTOMS, OBSTETRIC HISTORY & HIGH-RISK FACTORS

3a REASON FOR EVALUATION & CURRENT PREGNANCY

Reason for Maternal-Fetal Medicine Evaluation (high-risk pregnancy consultation / co-management / preconception counseling / abnormal ultrasound / fetal anomaly evaluation / genetic screening review / maternal medical condition / diabetes / hypertension / fetal growth restriction / multiple gestation / preterm birth risk / placenta abnormality /

medication exposure / pregnancy complication follow-up):

Current Pregnancy Information (gestational age, estimated due date, dating method, singleton versus multiple gestation, fetal sex if known and relevant, pregnancy course to date, current high-risk concerns):

Pregnancy Symptoms (nausea and vomiting, abdominal pain, pelvic pressure, contractions, cramping, vaginal bleeding, leakage of fluid, fetal movement when gestationally appropriate, headaches, vision changes, right upper quadrant pain, swelling, dyspnea, chest pain, pruritus, urinary symptoms, fever, infectious symptoms):

Fetal Movement / Fetal Concerns (movement pattern, decreased fetal movement, abnormal fetal testing, ultrasound findings, growth concerns, fluid abnormalities, Doppler abnormalities, fetal arrhythmia or anomaly concern, patient concerns about fetal well-being):

3b OBSTETRIC & MATERNAL MEDICAL HISTORY

Obstetric History (gravida/para, prior deliveries, gestational ages, birth weights, route of delivery, cesarean history, operative delivery, preterm birth, pregnancy loss, ectopic pregnancy, stillbirth, neonatal complications, postpartum hemorrhage, preeclampsia, gestational diabetes, fetal growth restriction, shoulder dystocia, placental complications, uterine surgery):

Maternal Medical Conditions (chronic hypertension, diabetes, renal disease, cardiac disease, autoimmune disease, thromboembolic disease, seizure disorder, thyroid disease, obesity, liver disease, pulmonary disease, infectious disease, psychiatric condition, cancer history, transplant history):

Diabetes / Glucose History, if applicable (pregestational or gestational diabetes, glucose logs, fasting and postprandial values, hypoglycemia, medications and insulin, diet adherence, CGM use, HbA1c, fetal growth concerns, education needs):

Hypertension / Preeclampsia Risk, if applicable (chronic or gestational hypertension, prior preeclampsia, home BP readings, symptoms, antihypertensive medications, aspirin use, baseline labs, urine protein status, severe-feature symptoms):

3c PRETERM BIRTH, PLACENTA & FETAL GROWTH

Preterm Birth / Cervical Risk, if applicable (prior spontaneous preterm birth, cervical insufficiency, cerclage history, cervical length findings, progesterone use, contractions, pelvic pressure, bleeding, rupture of membranes history, preterm labor symptoms):

Placenta / Amniotic Fluid Concerns (placenta previa, low-lying placenta, placenta accreta spectrum concern, abruption history, vasa previa, abnormal cord insertion, oligohydramnios, polyhydramnios, fluid trend):

Fetal Growth / Doppler Concerns (fetal growth restriction, macrosomia concern, estimated fetal weight, growth percentile, abdominal circumference percentile, amniotic fluid, umbilical artery, middle cerebral artery, and ductus venosus Dopplers, surveillance plan):

3d GENETICS, EXPOSURES & CONTEXT

Genetic / Anomaly Screening History (aneuploidy screening, carrier screening, diagnostic testing, abnormal serum screening, NIPT results, nuchal translucency, anatomy scan findings, fetal echocardiogram, amniocentesis or CVS history, family genetic history, genetic counseling involvement):

Medication / Exposure History (prescription and over-the-counter medications, supplements, teratogenic exposures, substance use, occupational exposures, radiation exposure, infection exposure, travel, medication safety concerns in pregnancy):

Infectious Disease / Immunization Context (relevant infections, fever, rash illness, COVID-19 or influenza exposure, STI history, hepatitis and HIV status, TORCH exposure concern, travel exposure, vaccination status, need for infection testing or counseling):

Surgical / Gynecologic History (prior cesarean delivery, myomectomy, uterine surgery, cervical procedures, LEEP or conization, pelvic surgery, infertility treatment, fibroids, congenital uterine anomaly):

Family History (congenital anomalies, genetic disorders, intellectual disability, recurrent pregnancy loss, stillbirth, preeclampsia, diabetes, clotting disorders, cardiac disease, birth defects, inherited conditions):

Social History / Safety (living situation, support system, transportation, food insecurity, intimate partner violence screening, tobacco and nicotine use, alcohol use, substance use, occupational exposures, barriers to prenatal care):

Pertinent Negatives (denies vaginal bleeding, leakage of fluid, regular contractions, decreased fetal movement, severe headache, vision changes, right upper quadrant pain, severe swelling, chest pain, severe dyspnea, syncope, fever, severe abdominal pain):

ROS MATERNAL-FETAL MEDICINE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Vaginal bleeding, leakage of fluid, contractions, cramping, pelvic pressure, or abdominal pain	
Fetal movement concerns when gestationally appropriate	
Headache, vision changes, right upper quadrant pain, swelling, dizziness, or syncope	
Nausea, vomiting, dehydration, pruritus, jaundice, reflux, or bowel changes	
Dysuria, urinary frequency, flank pain, fever, or infectious symptoms	
Chest pain, dyspnea, palpitations, orthopnea, or edema	
Glucose concerns, hypoglycemia, blood pressure concerns, or medication side effects	
Anxiety, mood symptoms, safety concerns, or barriers to prenatal care	

O OBJECTIVE

5 MATERNAL & FETAL FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

TOTAL PREGNANCY WEIGHT GAIN, IF AVAILABLE

PAIN SCORE, IF APPLICABLE

GESTATIONAL AGE

5a FETAL ASSESSMENT, IF APPLICABLE

FETAL HEART RATE

FUNDAL HEIGHT

PRESENTATION

FETAL MOVEMENT OBSERVED / REPORTED

NST / BPP RESULT, IF PERFORMED

ULTRASOUND FINDINGS, IF PERFORMED

5b MATERNAL EXAMINATION

General Appearance (alertness, distress level, hydration status, body habitus, comfort level, mobility, overall clinical condition):

Cardiovascular (rate, rhythm, murmurs, edema, pulses, perfusion, signs relevant to hypertensive disease, cardiac disease, thromboembolic risk, or volume status):

Pulmonary (respiratory effort, breath sounds, wheezing, crackles, oxygen requirement, work of breathing):

Abdomen / Gravid Uterus (tenderness, fundal height, uterine tenderness, contractions if observed, surgical scars, fetal position if assessed, guarding, rebound, abdominal findings relevant to pregnancy):

Extremities (edema, calf tenderness, asymmetry, varicosities, reflexes and clonus if indicated, thromboembolic or preeclampsia-related findings):

Neurologic (mental status, headache-related findings, focal deficits, reflexes, clonus, gait, seizure-related concerns):

Skin (rash, bruising, pruritus-related excoriations, jaundice, surgical scars, injection sites, infection signs):

Pelvic / Cervical Exam, if performed (dilation, effacement, station, consistency, position, membrane status, bleeding, pooling, discharge, cervical motion tenderness, exam limitations, patient tolerance, chaperone use):

US ULTRASOUND / FETAL IMAGING ASSESSMENT, IF APPLICABLE

6 FINDINGS REVIEWED OR PERFORMED

Gestational age by ultrasound

Fetal number and chorionicity / amnionicity for multiple gestation

Fetal presentation

Placental location and appearance

Amniotic fluid volume

Estimated fetal weight and percentile

Abdominal circumference percentile

Anatomy findings or anomalies

Cervical length

Doppler studies when applicable

Biophysical profile

Fetal cardiac views or fetal echocardiogram results if available

Comparison to prior ultrasound

Limitations of the examination

Recommendations for follow-up imaging or surveillance

HR HIGH-RISK PREGNANCY ASSESSMENT DOMAINS

7 RISK-SPECIFIC ASSESSMENT

Maternal medical condition and pregnancy impact

Fetal anomaly or genetic risk

Fetal growth risk

Preterm birth risk

Hypertensive disorder risk

Diabetes or metabolic risk

Placental abnormality risk

Multiple gestation risk

Thromboembolic risk

Medication or exposure risk

Prior pregnancy complication recurrence risk

Delivery timing and delivery location considerations

Need for co-management, transfer of care, or subspecialty referral

PS PRENATAL SCREENING / PREVENTIVE CARE

8 PRENATAL CARE STATUS & COUNSELING NEEDS

Dating and viability confirmation

Prenatal lab status

Aneuploidy screening status

Carrier screening status

Anatomy ultrasound status

Fetal echocardiogram status if indicated

Gestational diabetes screening status

Rh status and Rh immune globulin needs

Group B strep screening status when applicable

Tdap, influenza, COVID-19, RSV, and other vaccine status when applicable

Aspirin prophylaxis discussion if indicated

Preterm birth prevention measures if indicated

Preeclampsia precautions

Fetal movement counseling

Labor precautions

Postpartum and breastfeeding planning when relevant

PR PROCEDURES PERFORMED, IF APPLICABLE

9 PROCEDURE DOCUMENTATION

Procedure name, indication, gestational age, consent, ultrasound guidance if used:

Technique, specimens obtained, and fetal status before and after when applicable:

Patient tolerance, complications, aftercare instructions, and follow-up plan:

9a COMMON PROCEDURES

Detailed obstetric ultrasound	
Biophysical profile	
Nonstress test interpretation	
Amniocentesis	
Chorionic villus sampling	
Cervical length assessment	
Cerclage evaluation or follow-up	
Fetal therapy consultation or procedure coordination	
Doppler assessment	
Bedside ultrasound	
Rh immune globulin administration documentation if applicable	

ST SCREENING / ASSESSMENT TOOLS

10 STANDARDIZED TOOLS & INTERPRETATION

Edinburgh Postnatal Depression Scale	
PHQ-9	

GAD-7

Intimate partner violence screening

Diabetes glucose log review

Blood pressure log review

Preeclampsia symptom checklist

Genetic risk assessment

Social determinants of health screening

Substance use screening

Fetal surveillance tools, including NST or BPP

Score, result, interpretation, comparison to prior results, and limitations:

L LABORATORY AND DIAGNOSTIC RESULTS

11 RESULTS REVIEWED OR ORDERED

Prenatal Labs (blood type and Rh, antibody screen, CBC, rubella, varicella, hepatitis B and C, HIV, syphilis, gonorrhea and chlamydia, urine culture, hemoglobinopathy screening):

Genetic Testing (NIPT, serum screening, carrier screening, CVS, amniocentesis, microarray, karyotype, targeted genetic testing, genetic counseling results):

Maternal Medical Labs (CMP, renal function, liver enzymes, urine protein/creatinine ratio, 24-hour urine protein, HbA1c, glucose logs, thyroid studies, autoimmune labs, thrombophilia testing, bile acids, coagulation studies, medication monitoring labs):

Fetal / Obstetric Testing (ultrasound, fetal echocardiogram, NST, BPP, Dopplers, cervical length, fetal MRI, growth scans, placental imaging):

Infectious Testing (COVID-19, influenza, parvovirus, CMV, toxoplasmosis, varicella, Zika when relevant, urine culture, STI testing, exposure-based testing):

Prior Records Reviewed (OB records, delivery records, operative reports, prior pregnancy records, ultrasound reports, genetic counseling notes, primary care records, subspecialty notes, hospital records, medication history, outside records):

A ASSESSMENT

12 MATERNAL-FETAL MEDICINE CLINICAL INTERPRETATION

Primary high-risk pregnancy diagnosis or working diagnosis. Gestational age and pregnancy context. Maternal risk factors and pregnancy impact. Fetal status, growth, anatomy, fluid, Doppler, and surveillance findings when available. Differential diagnoses considered for symptoms or abnormal findings. Recurrence risk of prior pregnancy complications when relevant. Medication, exposure, genetic, infectious, or placental risk considerations. Current stability or acuity of maternal and fetal condition. Need for additional testing, imaging, surveillance, medication adjustment, subspecialty referral, delivery planning, hospital evaluation, or transfer of care. Counseling provided and shared decision-making considerations...

P PLAN

13 MANAGEMENT BY PROBLEM

High-risk pregnancy co-management plan, including division of care between MFM, primary OB, and relevant specialists. Maternal medical condition plan (medication safety, disease monitoring, target goals, labs, specialist coordination, pregnancy-specific precautions). Diabetes plan (glucose monitoring, nutrition counseling, medication or insulin adjustment, fetal growth surveillance, antenatal testing, delivery timing). Hypertension and preeclampsia risk plan (BP monitoring, medication management, aspirin if indicated, baseline labs, symptom precautions, antenatal testing, delivery timing). Fetal growth or anomaly plan (follow-up ultrasound, Doppler surveillance, fetal echocardiogram, genetic counseling and testing, fetal MRI, neonatal consultation, pediatric subspecialty referral, delivery planning). Preterm birth prevention plan (cervical length monitoring, progesterone discussion, cerclage evaluation, preterm labor precautions, antenatal corticosteroids if indicated). Placenta-related plan (repeat imaging, activity guidance, bleeding precautions, accreta evaluation, delivery location, blood bank and surgical planning, timing of delivery). Multiple gestation plan (chorionicity-specific surveillance, growth monitoring, TTTS/TAPS screening, nutrition counseling, preterm birth precautions, delivery planning). Genetic counseling plan. Medication and exposure plan. Antenatal surveillance plan (NST, BPP, Dopplers, growth ultrasounds, fetal movement monitoring, follow-up frequency). Delivery planning (timing, mode, location, anesthesia consultation, neonatal team involvement, postpartum follow-up). Patient education on warning signs, fetal movement, blood pressure symptoms, glucose monitoring, preterm labor symptoms, bleeding, rupture of

membranes, medication use, and when to seek urgent or emergency care...

F FOLLOW-UP

14 REASSESSMENT PLAN

Follow-up timeframe and purpose (ultrasound follow-up, fetal surveillance, lab review, glucose or BP log review, genetic counseling follow-up, primary OB coordination, subspecialty referral follow-through, delivery planning, urgent return precautions):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / EDUCATION TIME

GENETIC COUNSELING COORDINATION TIME, IF APPLICABLE

ULTRASOUND / TEST REVIEW TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

PROCEDURE TIME, IF APPLICABLE

E/M LEVEL: 99202–99205 / 99212–99215

ULTRASOUND CODE(S), IF APPLICABLE

FETAL SURVEILLANCE CODE(S), IF APPLICABLE

PROCEDURE CODE(S), IF APPLICABLE

GENETIC COUNSELING / CARE COORDINATION CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / ULTRASOUND INTERPRETATION / FETAL SURVEILLANCE / PROCEDURE-BASED / CARE COORDINATION

PRIMARY HIGH-RISK PREGNANCY DIAGNOSIS CODE

MATERNAL / FETAL / OBSTETRIC DIAGNOSIS CODE(S), IF APPLICABLE

SO

PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY: MATERNAL-FETAL MEDICINE	DATE	TIME

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