

Texas Perinatal Group



OBSTETRIX
MEDICAL GROUP

Take great care of the patient®

Centralized Appointment Fax: 210.614.5714

To speak with a Scheduler: 210.614.2209

www.texasperinatal-sa.com

Melissa Aerts, MD

Javier Castillo, MD

Lissa Magloire, MD

Deirdre McCullough, MD

Theresa Stewart, MD

Practice Manager ▪ 210.617.6341

St. Luke's
Westover Hills
New Braunfels
SW General
Metropolitan
MCH

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St. Luke's Hospital
Tower I

7930 Floyd Curl Dr., Suite 904
San Antonio, TX 78229
P: 210.944.1738

Westover Hills

3903 Wiseman Blvd., Suite 121
San Antonio, TX 78251
P: 210.521.1455 F: 210.521.2379

New Braunfels

2115 Stephen's Place, Suite 600
New Braunfels, TX 78130
P: 830.312.4509 F: 830.620.8468

Southwest General

7390 Barlite Blvd., Suite 215
San Antonio, TX 78224
P: 210.332.1450 F: 210.332.1460

Metropolitan Methodist Plaza

1200 Brooklyn Ave., Suite 350
San Antonio, TX 78212

MCH

4330 Medical Dr., Suite 225
San Antonio, TX 78229
P: 210.354.2229 F: 210.354.9973

Fax to 210.614.5714 and give to patient.

PATIENT NAME: _____

Indicate if patient speaks SPANISH only? Yes No

ADDRESS: _____ CITY: _____ ZIP CODE: _____

SSN: _____ DOB: _____ PATIENT HM# () _____ MOBILE# () _____

EMAIL: _____ REMINDER PREFERENCE: HOME PHONE _____ MOBILE _____ EMAIL _____

MEDICAID PLAN NAME: _____ MEDICAID ID: _____

PRIMARY INSURANCE: _____ POLICY#: _____ GROUP: _____

POLICY HOLDER NAME: _____ DOB: _____ SSN: _____

REFERRING OB: _____ OFFICE #: _____ FAX #: _____

REFERRING OB NPI #: _____ CONTACT PERSON AT YOUR OFFICE: _____

******REQUIRED******
LEVEL OF PARTICIPATION **ONE TIME VISIT FOR CONSULTATION & MANAGEMENT PLAN**
 CONSULTATION WITH SUBSEQUENT OUTPATIENT VISITS (CO-MANAGEMENT)

First Trimester Screening – Includes pre-test counseling, NT assessment and blood work. If abnormal, genetic counseling, detailed ultrasound and amniocentesis will be offered. If screening is normal, do you want patient to return for Detailed Ultrasound at 18 weeks? Yes No

First Trimester Ultrasound – Consultation and management plan provided if indicated based upon ultrasound findings.

- Bleeding
- Size/Dates Discrepancy
- Suspected Ectopic
- Other _____

2nd/3rd Trimester Ultrasound – Consultation and management plan provided if indicated based upon ultrasound findings.

- Screen for Malformations
- Size/Dates Discrepancy
- Bleeding
- Fibroids
- Multiple Gestation
- Known/Suspected Fetal Abnormality
- Known/Suspected Placental Abnormality
- Known/Suspected AFV Abnormality
- Known/Suspected Cervical Abnormality
- Other _____

Fetal ECHO

- Known/Suspected Fetal Arrhythmia
- Family History _____
- Other _____

Blood Type: _____ Antibody Screen: _____
LMP: _____ EDC: _____

Genetic Counseling – followed by first trimester screening or detailed ultrasound depending on gestational age.

- NO Aneuploidy screening drawn
- NIPT QUAD First Trimester Screen drawn
- Normal Abnormal **Please fax ALL results with Referral**
- Advanced Maternal Age
- Family History _____
- Teratogen Exposure _____
- Repetitive Pregnancy Loss
- Other _____
- Preconception Counseling _____
no ultrasound provided

Periconcept – includes detailed patient history, physical exam, detailed ultrasound and management plan.

- Diabetes Pre-gestational
- GDM (fax GTT results)
- Hypertension Chronic/Gestational
- Multiple Gestation
- Thyroid Dysfunction
- Isoimmunization
- Hx of IUFD/Stillbirth
- Hx of Repetitive Pregnancy Loss
- Anticardiolipin Antibody/Lupus Anticoagulant Positive
- Seizure Disorder
- Maternal Medical Complication of Pregnancy
- Other _____

YOUR PATIENT HAS BEEN SCHEDULED FOR:

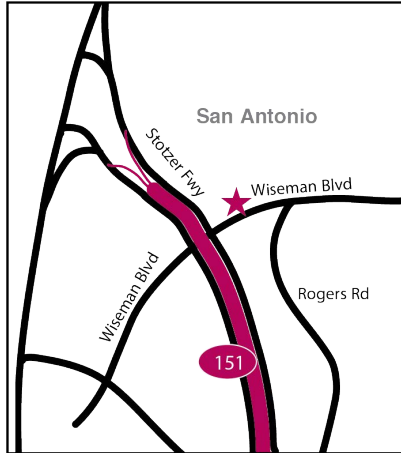
 PLEASE NOTIFY YOUR PATIENT OF THIS APPT.
 OUR OFFICE HAS NOTIFIED PATIENT OF APPT.

PLEASE FAX ALL ULTRASOUND REPORTS, PRENATAL LABS AND MATERNAL SCREENING WITH THIS REQUEST

Patient Instructions:

- New patients arrive 20 minutes prior to appointment time.
- New patient forms are available at www.texasperinatal-sa.com. Please complete and bring to your visit.
- Please be aware that your initial visit may take several hours depending on the complexity of your diagnosis.
- We do **NOT** allow children under the age of 10 years in our offices. Please make childcare arrangements.
- A full bladder is **NOT** required.
- A picture ID is **REQUIRED** at the time of your appointment.

WESTOVER HILLS



Baptist Medical Building
3903 Wiseman Blvd., Suite 121
San Antonio, TX 78251

Office: 210.521.1455

Lissa Magloire, MD

ST. LUKE TOWER I

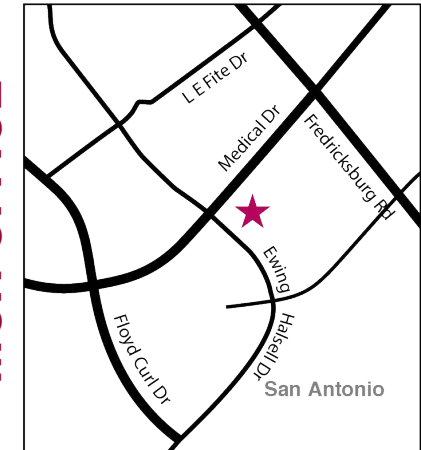


St. Luke Tower I
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MCH OFFICE

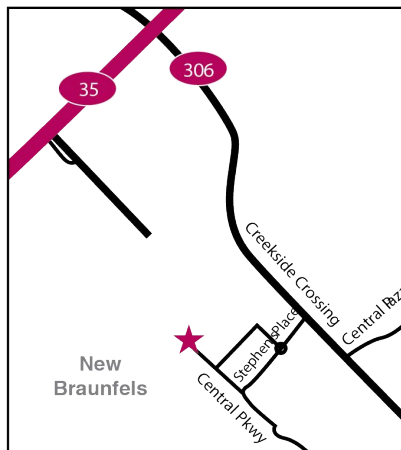


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Melissa Aerts, MD

SW GENERAL

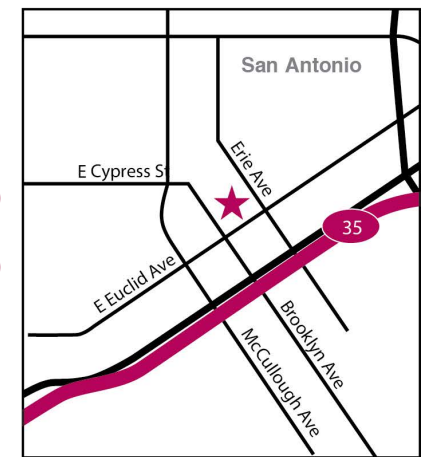


7390 Barlita Blvd., Suite 215
San Antonio, TX 78224

Office: 210.332.1450

Deirdre McCullough, MD

METROPOLITAN



1200 Brooklyn Ave., Suite 350
San Antonio, TX 78212

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