Thank you for choosing The Antepartum Testing Center.

Your appointment is for ______________________ at ______________________

In order to help us serve you better, please take a moment to review the following instructions.

1. Please arrive 25-30 minutes prior to your scheduled appointment as you will need to register first.

2. Please call the toll free number on the back of your insurance card to verify that the Medical Center and the physicians are providers with your insurance company. Please ask if you need a referral or pre-authorization and verify your testing is covered by giving your insurance company the following procedure codes:

   ____________________  __________________ __________________

   ____________________  __________________ __________________

   ____________________  __________________ __________________

If you need a referral or pre-authorization, you must present a valid referral or pre-authorization at the time of registration. This can be obtained from the referring OB/GYN. If one is not presented, your appointment will be rescheduled.

3. Drink 1 glass of water 15 minutes before your appointment and do not empty your bladder. Eating is permitted.

4. You will be permitted to bring one person into the exam room during the evaluation. All other visitors may be invited into the exam room once the evaluation is completed. Children are not permitted in the exam room during the test, but will be invited into the exam room upon discussion of results.

5. When you enter the Medical Center, stop at the information desk to obtain a visitor’s pass. From the information desk you will proceed to the registration department. After registering, take the “B” elevator to the 4th floor. Exit to the left and proceed to room 4213.

6. Bring your prescription, your referral/pre-authorization forms(s) (if necessary), your insurance card, your photo identification and your completed MFM Personal History form.

7. Please note videotaping and cell phones are not permitted in patient care areas. Digital and hard copy ultrasound images can be provided. Parking validation is provided and valet parking is available.

Thank you for choosing The Antepartum Testing Center and we look forward to seeing you.
Maternal-Fetal Medicine Personal History

Last Name ________________________  Age ______________
First Name ________________________  Birth Date __________
Best Phone # to reach you ________________  Height ____________
Referring Physician ________________________  Pre-Pregnancy Weight _________
Occupation ____________________________  Ethnic group ____________
If employed, employer name & address ______________________________________

Last Menstrual Period ___________  Due Date ______________
# Births ______    # Living Children _____    # Miscarriages _____    # Abortions_____  
Reason for today’s visit: __________________________________________

Any fetal or uterine problems that you or your doctor are concerned about: __________________________________________

Any problems during this pregnancy: __________________________________________

Any problems with previous pregnancies or other children: __________________________________________

Any prior surgery on your uterus or cervix (LEEP, cone biopsy, myomectomy, etc.): __________________________________________

# Prior Cesarean sections: ____________

Is this pregnancy the result of IVF:   Yes ______  No_______

Current Medical Problems:  Gestational diabetes __________  
                          Diabetes ____________________  
                          High blood pressure __________  
                          Heart disease ________________  
                          Other __________________________

Current medications ______________________________________

Allergy to medications: ____________________________________

Allergy to Latex:       Yes ______  No ______
Directions to Englewood Hospital and Medical Center

**From Garden State Parkway South:** South to exit 163. Take Route 17 South to Route 4 East exit. On Route 4 East, take second Grand Avenue exit (Grand Avenue/Englewood). At stop sign, make right. Grand Avenue becomes Engle Street. Englewood Hospital and Medical Center is on the left.

**From Palisades Interstate Parkway:** Take Parkway South to exit 1 (Englewood). Exit onto Palisade Avenue and follow to Engle Street. Make right onto Engle Street. Englewood Hospital and Medical Center is one mile ahead on the left.

**From 9W North:** 9W North to Palisade Avenue. Make left onto Palisade Avenue and follow to Engle Street. Make right on Engle Street. Englewood Hospital and Medical Center is one mile ahead on the left.

**From 9W South:** 9W South to Palisade Avenue. Turn right on Palisade Avenue and follow to Engle Street. Make right on Engle Street. Englewood Hospital and Medical Center is one mile ahead on the left.

**From George Washington Bridge:** Follow signs to Route 4 West. On Route 4 West, take first Grand Avenue exit (Grand Avenue/Englewood). Grand Avenue becomes Engle Street. Englewood Hospital and Medical Center is ahead on the left.

**From Route 17 South:** Take Route 4 East exit. On Route 4, take second Grand Avenue exit (Grand Avenue/Englewood). Make right at stop sign. Grand Avenue becomes Engle Street. Englewood Hospital and Medical Center is ahead on the left.

**From Old Hook Road:** Travel East on Old Hook Road (CR-502). Old Hook Road becomes High Street. Take High Street to Knickerbocker Road. Turn right onto Knickerbocker Road (CR-505). Pass through one roundabout. In Englewood, turn left onto Ivy Lane. Turn right onto Dean Street. Englewood Hospital and Medical Center is ahead on the left.

Parking Validation is available

 Valet Parking is available