Maternal Opioid Treatment Health Education and Recovery (MOTHER) Program

Services Request

HIGH RISK Pregnancy CENTER

Date: _____

Patient Name: _____

Date of Birth: _____

Preferred Phone: _____

Social Security #: _____

Appointment Date: _____

Appointment Time: _____

New Patients please arrive ½ hr prior to appointment time

Preferred Language: _____

Acct #:_____ **Initials of Preparer:** _____

Primary Insurance:_____

Subscriber:_____

ID#:_____

Secondary Insurance:_____

Subscriber:_____

ID#:_____

Must check one box:

- ☐ Consultation with collaborative care and indicated ultrasound and/or other procedures
- ☐ Ultrasound and/or procedures with other indicated consultation and collaborative care.

Reason for Referral:

_____

_____

HRPC MOTHER CHECKLIST FOR REFERRALS

☐ At least 18 years old

☐ Must be pregnant

☐ Patient is currently using opioids

- Must have urine drug test positive for **opioids – please include results with referral**

  - or -

- Patient admits to opioid use and has expressed interest for medication assisted treatment (specifically buprenorphine or naltrexone)

Referring Provider: _____ Office Phone:_____ Spoke With: _____

Please fax all patient records to 702-382-3575

****This form to be completed in addition to the usual Consultation and Diagnostic Services Request****

MOTHER Program Services Request Please allow 24-48 hours for HRPC to schedule an appointment.

Phone 702-382-3200 Fax 702-382-3575

Brian K. Iriye, MD Stephen M. Wold, MD Wilson H. Huang, MD Laura A. Gorski, DO Lauren E. Giacobbe, MD

Garrett K. Lam, MD David N. Jackson, MD Manijeh Kamyar, MD Roxanna M. Twedt, MD

✓Pinto Lane Office
2011 Pinto Ln., Ste 200
Las Vegas, NV 89106

✓Siena Heights Office
2845 Siena Heights Dr., Ste 350
Henderson, NV 89052

✓Post Road Office
9090 W. Post Rd., Ste 100
Las Vegas, NV 89148

Visit us on the web @ www.HRPregnancy.com
702-382-3200