

PRACTICE AND REFERRAL PLAN

Do not return this form to DOPL. It must be kept on file at the practice site if providing Intrapartum Services.

Name of CNM: _____

CNM License Number: _____

Address of Practice Site: _____

Practice Site Phone Number: _____

Name of Consulting Physician: _____

Office Address: _____

Office City, State, ZIP: _____

Office Phone Number: _____

Physician/Surgeon License Number: _____ State: _____

DEFINITIONS:

Consultation: Process whereby a CNM seeks advice or opinion from a physician or other practitioner; may be done telephonically or in person.

Collaboration: Process whereby a CNM and physician co-manage the care of a patient who has become obstetrically complicated.

Referral: Process whereby a CNM directs a patient to a physician for management, the CNM may choose to provide on-going support services if appropriate.

(Continued on the next page.)

Conditions or risk factors requiring consultation. Use additional sheets if necessary.

Conditions or risk factors requiring co-management. Use additional sheets if necessary.

Conditions or risk factors requiring referral. Use additional sheets if necessary.

Exceptions to this Plan: In some circumstances it may be appropriate for a patient to be followed by a CNM in the presence of one or more of the conditions listed above. If a CNM and/or physician desires an exception to this plan, an agreement may be made between the CNM and physician.

I have read and agree with the Practice and Referral Plan stated within this document.

Signature of CNM: _____

Date: ___/___/___ Print Name: _____

Signature of Consulting Physician: _____

Date: ___/___/___ Print Name: _____