

**EARLY PREGNANCY CLINIC  
REFERRAL FORM**

**PHONE:** 416-469-6031

**FAX:** 416-469-6458

Patient information:		
<b>First name:</b>	<b>Last name:</b>	<b>Preferred name:</b>
		<b>Pronouns:</b>
<b>Health card</b>	<b>Version code</b>	<b>DOB:</b>
<b>Address: Apt:</b>	<b>City:</b>	<b>Postal code:</b>
<b>Phone:</b>	<b>Alternate phone:</b>	
<b>Is English the preferred language? If no, please indicate preferred language.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, the preferred language is: _____		<b>Is American Sign Language (ASL) interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PRIVACY: May we call the patient or leave a message?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If NO, who can we contact?</b> <b>Name:</b> <b>Phone:</b> <b>Relationship to patient:</b>	

Reasons for referral (up to 20 weeks GA):	Information for patient:
<input type="checkbox"/> Missed abortion*** <input type="checkbox"/> Threatened spontaneous abortion <input type="checkbox"/> Pregnancy of Unknown Location (PUL)**  **If your patient has signs and symptoms concerning for ectopic pregnancy, please direct your patient the nearest emergency department for urgent assessment.  <input type="checkbox"/> Therapeutic abortion (medication abortion <11 weeks GA only)***  ***For dilation and curettage (D&C), patients may receive an earlier appointment at a community clinic, such as Cabbagetown Women's Clinic. Patients will not receive a D&C during their Early Pregnancy Clinic appointment.	<ul style="list-style-type: none"> <li>• Please arrive 15 minutes before your appointment to register at Patient Registration (M1) at the hospital.</li> <li>• After registration, you will be directed to the waiting area for the Early Pregnancy Clinic.</li> <li>• There may be a waiting time, depending on the complexity of other scheduled appointments.</li> <li>• During your appointment, you may be offered blood work, ultrasound and counselling as needed.</li> <li>• The results of blood work and ultrasound tests can take 2-3 hours. In some non-urgent cases, you may be offered a follow-up phone call where a midwife will review your results. This means you do not need to wait on-site.</li> </ul>

Additional patient information:	Instructions for provider:
<p><b>Obstetrical history:</b> G T P A L</p> <p><b>Further details:</b></p> <p><b>LMP:</b></p> <p><b>Labs included with this referral:</b></p> <p><input type="checkbox"/> bHCG</p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Ultrasound</p> <p><input type="checkbox"/> Blood group and antibody screen</p>	<ul style="list-style-type: none"> <li>• Please fax this completed referral form and relevant labs to 416-469-6458.</li> <li>• A confirmation letter will be faxed back to your office. Please provide the patient with any updated appointment information.</li> </ul>
Other clinical notes:	Information for Emergency Department:
	<ul style="list-style-type: none"> <li>• Please do not book next-day appointments at the Early Pregnancy Clinic (unless missed miscarriage is diagnosed and patient needs further counselling)</li> <li>• For people with threatened miscarriage or PUL, 48 hours between bHCG is generally required for accurate assessment</li> </ul>