



Leading Edge Care. Close to Home.

Room 4427, East building, Level 4
596 Davis Drive, Newmarket, Ontario L3Y 2P9
Tel: 905-895-4521 ext 2724

Health Record #: _____	Complete or place patient label here
Patient Name: <i>(Print first, last)</i> _____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #: _____	Version Code: _____
Account #: _____	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>

Early Pregnancy Assessment Clinic Referral

Please complete and fax to 905-830-5804

PATIENT INFORMATION	
Name:	Phone Number:
Health Card Number:	Date of Birth: <u>dd</u> / <u>mm</u> / <u>yy</u>
Does the patient need translator? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____	
Gestational Age _____ weeks	Maternal Age: _____ years LMP: <u>dd</u> / <u>mm</u> / <u>yy</u>

The Early Pregnancy Assessment Clinic only sees patients for management of the following:

- Gestational age ≤ 13+0 weeks by ultrasound with **confirmed** non-viable pregnancy as per SOGC guidelines
- Incomplete abortion (hemodynamically stable)
- Suspected molar pregnancy
- Suspected ectopic pregnancy or pregnancy of unknown location

PATIENT MUST BE CLINICALLY STABLE. IF PATIENT IS UNSTABLE, PLEASE SEND PATIENT DIRECTLY TO ER.

REQUIRED INFORMATION **In order to process referral please fax*

- Gestational age & LMP
- Ultrasound reports confirming pregnancy loss
- β-hCG results
- Blood type & Rh status
- Current symptoms (bleeding/ pain/ fever) Significant medical history

Criteria for confirming pregnancy loss

- CRL of > 7mm and no heartbeat
- Mean sac diameter of > 25mm and no embryo
- Absence of embryo with heartbeat > 2 weeks after a scan that showed a gestational sac without a yolk sac
- Absence of embryo with heartbeat > 11 days after a scan that showed a gestational sac with a yolk sac

BY SENDING THIS REFERRAL, I CONFIRM THAT THE PATIENT IS AWARE OF THIS REFERRAL

Referring Physician / Midwife Name:	Phone Number:
Address:	Fax Number:
Email Address:	OHIP Billing Number:
Signature:	Date: _____ / _____ / _____

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