MICHAEL GARRON HOSPITAL
TORONTO EAST HEALTH NETWORK

# Early Pregnancy Clinic Referral Form

**Tel: 416-469-6031 Fax: 416-469-6458**

*(To register, please go to the Patient Registration -M1)*

REF

*Patient Label*

| Patient Last Name: | Given Name: | Sex assigned at birth: ☐AFAB ☐AMAB ☐intersex | Gender: |
|---|---|---|---|
| Preferred Name: | Pronouns: | Date of Birth: (Day / Month / Year) | |
| Address: | Apt#: | Phone number: | |
| Town or City: Province: | Postal Code: | Alternate number: | |
| **Ontario Health Card Number:** Version Code | Primary Care Provider: | Primary Care Provider Telephone Number: | |

**Required Questions:**

**INTERPRETER**
- Is English preferred language? ☐Yes ☐No, the preferred language is:_____
- American Sign Language interpreter required? ☐Yes ☐No

**PRIVACY**
- May we call the patient? ☐Yes ☐No
- May we leave a message? ☐Yes ☐No

If NO, who can we contact? Name: Tel: Relationship to patient:

PLEASE READ

**Instructions for provider:**
- Please fax this completed referral form and relevant labs to 416-469-6458.
- If applicable, please send billing letter (for RMs and CHCs) or UCI# if covered under IFHP.
- A confirmation letter will be faxed back to your office. Please provide the patient with any updated appointment information.

**Instructions for Emergency Department**:
- Please do not book next-day appointments at the Early Pregnancy Clinic (unless missed miscarriage is diagnosed and patient needs further options counselling).
- For people with threatened miscarriage or PUL, 48 hours between βHCG is generally required for accurate assessment

**Information for patient:**
- Please arrive 15 minutes before your appointment to register at Patient Registration (M1) at the hospital.
- After registration, you will be directed to the waiting area for the Early Pregnancy Clinic.
- There may be a waiting time, depending on the complexity of other scheduled appointments.
- During your appointment, you may be offered blood work, ultrasound and counselling as needed.
- 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.

**Reason For Referral (up to 20 weeks gestation):**

☐ Missed abortion**
☐ Incomplete abortion**
☐ Threatened abortion (bleeding in pregnancy)
☐ Pregnancy of Unknown Location (PUL)***
☐ 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.

***If your patient has signs and symptoms concerning for ectopic pregnancy, please direct your patient to the nearest emergency department for urgent assessment.

**Obstetrical history:**
G T P A L

**Further details:**

**LMP:**

**Labs done in current pregnancy, included with this referral:**
☐ βHCG
☐ CBC
☐ Ultrasound
☐ Blood group and antibody screen

**History / Current Issues / Relevant information:**

| **Referring Provider:** Name: | Signature: |
|---|---|
| Telephone Number: | Fax Number: |
| Billing#: | Date: |

| **Appointment:** (to be completed by booking) | |
|---|---|