

Patient Identification Label

CHILDBIRTH PROGRAM
REFERRAL FORM
EARLY PREGNANCY ASSESSMENT CLINIC

The Early Pregnancy Assessment Clinic occurs Tuesday and Friday AM.

Please complete the entire form and fax to 519.749.4433.

Please note:
Any ectopic pregnancy or pregnancy of unknown location cannot be seen at EPAU, please refer directly to the OB On Call.
This referral will not be triaged until all the above information is provided including the ultrasound, blood type and bhcg.

PATIENT NAME:		
ADDRESS:		
PHONE:	ALTERNATE:	
HEALTH CARE NUMBER:		
RELEVANT PATIENT HISTORY:		
Last menstrual Period (LMP):	RhoGham:	RH Status:
Quantitative BhCG:		
Ultrasound Results: Must be attached to the referral Form		
REFERRING PHYSICIAN:	Please print	Billing No.
Signature:		
Phone:	Fax:	

EPAU will call patients directly for appointment times. If your patient has not been contacted within 4 business days please call 519-749-4300 Ext. 3573

Criteria:

- Pregnancy of less than 12 weeks by ultrasound
- Fetal demise
- Non Viable pregnancy

If RH Neg please make arrangements for RhoGham to be given by blood bank
 519-749-4300 Ext. 2259