

Phone: 905-522-1155 Ext 32105 Fax: 905-521-6117 (ext 36117)

EPAC Community Referral Form

The Early Pregnancy Assessment Clinic is a clinic run by a team of Registered Nurses & Obstetricians through the Women & Infants' Program at St. Joseph's Hospital. The clinic is available to support patients in the management of early pregnancy complications or losses under 13 weeks and 6 days. We accept referrals of patients who meet the following criteria:

- 1. Stable. If hemodynamically unstable or an ectopic suspected: Send directly to ER
- 2. Early Pregnancy Loss under 13 weeks and 6 days (missed abortion):
 - CRL> 7mm with no fetal heart rate
 - Mean sac diameter of >25 mm with no embryo present
- 3. Pregnancy of unknown location
- 4. Pregnancy of unknown radiological viability

Referring Physician/Midwife:				Date of Referral:				
Patient Demograp	hics:							
Name:			Phone Number:		Health Card Number:		Date of Birth:	
Address:			City/Town:		Province:		Postal Code:	
Clinical Informatio								
Age:	G:	T: _	P:	A:	L:			
LMP:	Current gestational age:				by US LMP			
Beta HCG Level:		on date:						
Blood Type:		Recent Hemoglobin:						
	US within la							
Reason for Consult	tation							
☐ Pregnanc	y of unknow	n location	*(positive beta	HCG but no	intrauterine p	oregnancy or ector	oic)	
_	radiologica Gestational s	•	n with no embry	o OR Embry	/o <7 mm pre	sent but no fetal h	neart rate	
☐ Failed ear	ly pregnanc	y (missed a	abortion, retain	ed products)).			

Please fax this referral form & copies of Ultrasounds, CBC, Blood type and Quantitative Beta HCG to 905-521-6117 (ext 36117). An RN from the clinic will follow-up with the patient to make an appointment. The clinic operates Mon, Thurs, Fri 8:00 A.M-4:00P.M. Please page the on-call OB at 905-522-1155 ext 33311 with any urgent referrals needing immediate triage (i.e: molar pregnancy or ectopic). The clinic DOES NOT review referrals on a daily basis.