Early Pregnancy Assessment Clinic
BC Women's Hospital
Phone (604) 875-2592
Fax (604) 875-3136

BC WOMEN'S HOSPITAL+ HEALTH CENTRE
Provincial Health Services Authority

Appointment will be given directly to the patient

Date: _____

Name	Pronouns	**Referral from:** ☐ BCW Urgent Care Centre ☐ FP/ Midwife/ NP Office ☐ OB/GYN Office ☐ Self-referral ☐ ED ☐ Fertility Centre ☐ Other _____
DOB	PHN	
Address		
City & Postal Code		
Email	Consent to Email ☐ No ☐ Yes	**Referring provider name**: _____
Phone Number Primary	Alternate	Billing # :_____
Identify as Indigenous ☐ No ☐ Yes Valid MSP ☐ No ☐ Yes Private pay ☐ No ☐ Yes	Interpreter required ☐ No ☐ Yes Interpreter booked ☐ No ☐ Yes Language spoken _____	cc:_____ cc: _____

Please note that:

- A large number of losses are due **to random aneuploidy** (abnormal number of chromosomes) in the embryo.
- We recommend **cytogenetic testing** at the time of 2nd and subsequent pregnancy losses
- **Self-collection** of pregnancy tissue for cytogenetic testing is possible in the setting of spontaneous miscarriage or medical management of miscarriage. For process and form, *see EPAC website for more information on this.*
- Medical management with **Mifegymiso** has been shown to be highly effective. For protocol, *see EPAC website.*

*** Patients with a known demise *desiring surgical management* should have this form faxed ***
to the CARE program (604) 875-3274, and advised to contact the clinic at (604) 875-2022

Pregnancy History
G_____T_____P_____SA_____TA_____E_____L_____
LMP: *Day*_____*Month*_____*Year*_____
Gestational Age:_____ ☐ By LMP ☐ By Ultrasound

Ultrasound (if done):
Date:_____
Facility: _____
Gestational Age: _____

Reason for referral:
☐ Cramping or spotting *≥6wks & ≤12+6wks*
☐ Pregnancy of unknown viability *≥6wks & ≤12+6wks*
☐ Pregnancy of unknown location *≥6wks & ≤12+6wks BHCG ≤ 1500mIU/ml*
☐ Known demise ≤12+6wks by U/S, management undecided
☐ Other:_____

Notes:
_____
_____
_____
_____
_____

Done	Not Done	Send copies of the following if available:
☐	☐	Consultation(s)
☐	☐	Blood Type
☐	☐	HCG levels
☐	☐	Ultrasounds
☐	☐	Laboratory results