



High River Maternity Clinic Early Pregnancy Loss / First Trimester Bleeding Referral

Dear physician and nurse practitioner colleagues: please fill out this form in lieu of a referral letter.

Thank you for referral to the High River Low Risk Maternity Clinic. Regarding first trimester bleeding and early pregnancy loss, we are able to provide the following for *stable* patients:

- Management of inevitable losses, threatened miscarriages, and first trimester bleeding of unknown significance.
- Management of missed abortions (both expectant and medical); referral to our local OB/Gyne team for surgical management.
- Follow-up including ultrasounds and B-HCGs if indicated.
- Referral to mental health and/or social work supports.
- Phone advice regarding any of the above issues.

Patient Demographics

For urgent consults during office hours, please call 403-652-0133 and fax this form to 403-652-0198; outside office hours, call 403-652-0146 to reach the provider on call and fax this form to 403-601-6640.

Please complete the following:

Referral date: _____ Referring facility: HRH-ER Okotoks Urgent Care Other: _____

Referring provider: _____ Phone #: _____ Fax #: _____

Referral type: Phone advice Management of missed abortion Management of first trimester bleeding
 Other: _____

Including current pregnancy: Gravida: _____ Para: _____ Abortus: _____

Last menstrual period: _____ Estimated gestational age: _____ by dates by ultrasound

Blood type: _____ Rh status: _____

If Rh negative, has the patient received RhIg (e.g. WinRho)? Yes No N/A _____

Please list any pre-existing medical conditions: _____

Please attach the following information, if already completed:

Blood type & Rh status Serum B-HCGs Any ultrasounds

Other pertinent info: _____

Internal MD/MW Use Only:

Date: _____ Reviewed by: _____

Instructions for unit clerk: Book into clinic ASAP Will see on unit/in ER Other: _____

Unit Clerk Use Only:

Sent rec'd referral notification: _____ Faxed clinic assessment: _____