

## Early Pregnancy Assessment Clinic (EPAC) COMMUNITY REFERRAL FORM

Regina General Hospital · 1440 14<sup>th</sup> Ave Regina · Unit 3C in the Women's Health Centre · Monday to Friday 0800 to 1600  
(Phone) 306-766-4123 (Fax) 306-766-4124

**EPAC is not equipped to see women with hemorrhage, suspected ruptured ectopic pregnancy or other emergencies and these women should continue to go to the Emergency Department.**

**To refer: Phone EPAC and fax this form and other relevant information including bloodwork and ultrasound(s).**

Referral for: (please check)

- Management of diagnosed spontaneous miscarriage
- Vaginal bleeding in <20 week pregnancy

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Phone #'s (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_  
HSN \_\_\_\_\_ Gestational age on date of referral \_\_\_\_\_  
Ultrasound date(s) and location \_\_\_\_\_

**We will contact your patient with an appointment.**

**Criteria for Referral:**

- Vital Signs - HR < 100 & BP > 90/50
- If bleeding, is soaking < 1 pad per hour
- Minimal to moderate pain (**to be excluded if lateral or severe pain**)
- Gestational age <20 weeks (Based on Last normal Menstrual Period if ultrasound not done)
- Previous ultrasounds and bloodwork attached

**NOTE: Use *Gynecology Pooled Referral* for ongoing pregnancy obstetrical care referrals.**

Other Relevant Information or Presenting History:

Referred by: (please print) \_\_\_\_\_

Clinic: \_\_\_\_\_ (phone #) \_\_\_\_\_

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