



Oakville Fertility & Women's Health Centre

B-627 Lyons Lane
 Oakville, ON L6J 5Z7
 Phone: 905-844-7238
 Fax: 905-844-7256
 Hours: 7am – 3pm (M-F)
 www.oakvillefertility.com

EPAC REFERRAL FORM (UP TO 12 WEEKS)

Date of Referral: _____

PATIENT INFORMATION / LABEL	PARTNER INFORMATION / LABEL
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Referring Physician's Name:	Provider #
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Address or Office Stamp:

For Assessment of:	Date of LMP:
<input type="checkbox"/> Threatened Abortion <input type="checkbox"/> Missed Abortion <input type="checkbox"/> Incomplete Abortion <input type="checkbox"/> Suspected STABLE ectopic pregnancy	

Attachments:	<input type="checkbox"/> Blood Type and Screen <input type="checkbox"/> Rhogam given?
<input type="checkbox"/> BhCG <input type="checkbox"/> Ultrasound Reports <input type="checkbox"/> Clinical Notes <input type="checkbox"/> Other (please specify)	

Send follow-up reports to:
<input type="checkbox"/> Referring MD <input type="checkbox"/> Family MD

*****IMPORTANT*****

The EPAC clinic is **ONLY** appropriate for STABLE patients who do NOT need immediate intervention and can safely wait 1-2 days for follow-up.

Upon receiving referral, someone from Oakville Fertility and Women's Health Centre will contact the patient in 1-2 days for an appointment. Patients may also call the clinic directly if they have the referral completed.

Please note the clinic is open Monday through Friday for referrals. Patients will be accommodated between 9am and 12pm. If a referral is received on the weekend, it will be triaged Monday morning at the earliest.