

EARLY PREGNANCY REFERRAL FROM ANTENATAL BOOKING CLINIC

Addressograph

Date seen:

Time:

Sonographer:

USS Findings/Diagnosis

☐ Confirmed miscarriage CRL >7mm, no FH

MSD>25mm, no fetal pole

RPOCs

☐ Early IUP of uncertain viability CRL<7mm, no FH

MSD<25mm, no FP

☐ Pregnancy of Unknown location☐ Suspected ectopic pregnancy☐ Is the patient aware of the diagnosis? Yes No

Name:

Midwife:

Actions taken

Scan findings discussed Yes No

Information leaflets given ☐ Unexpected findings at dating scan ☐ Miscarriage options

Care discussed with: Date Time

Review arranged for C1/EPAU Date Time

C1 Staff:

Action taken

Seen on C1 Date Time

EPAU follow-up arranged: Date Time

Treatment arranged: SMM Conservative Medical management(home) MM (hospital)

Seen by: Name Position
