



Bloor West Village
Women's Clinic

Dear Client:

Your doctor has referred you to **Bloor West Village Women's Clinic** for assistance with the management of your miscarriage or genetic termination. We will do our best to provide you with an early appointment, and to make this experience as easy for you as possible.

Our clinic sees women for a variety of medical reasons. We respect the privacy of every individual and seek to provide her with the best possible care. Having said that, we recognize that your emotional experience may be different from that of many of our other patients; please feel free to speak openly with our counsellors, as we are here to support you.

We encourage partners or others to accompany you for support. Please be aware that due to privacy concerns, once you go through counselling, your partner cannot accompany you.

During your procedure, you will receive medication for pain and sedation, however you will not be put to sleep. Because of the sedation, we ask you not to eat for six hours before the procedure and not to drink for two hours prior. If you have regular medications then please take these as prescribed with sips of water. If you have any medical conditions, please inform the staff at the time of booking the appointment; we may need to provide you with specific advice for your care.

Your appointment at the clinic usually lasts 2-3 hours. The procedure itself is generally very short – not more than a few minutes – and you should recover and be able to leave the clinic 15 - 20 minutes after. However, you will be legally prohibited from driving a car for 24 hours after receiving sedation; please plan to have someone drive you home or take an alternative form of transportation.

You and your doctor may have discussed sending the pregnancy tissue for genetic testing. If you want to have your pregnancy tested, then your doctor should make the necessary arrangements before your visit to our clinic. Please clarify with your doctor how the tissue samples for testing will be delivered.

If you have any additional questions, we will be happy to address them when you book the appointment, or our clinical staff – counsellors and medical staff – can assist you upon arrival.



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Complications of Early Pregnancy Referral for D&C

Date: _____

Patient Label: (Name/DOB/OHIP #)

Referring Physician: _____ Billing #: _____

Physician Stamp: (Address/Contact Information)

Reason for Referral:

Gestational Age: _____

Ultrasound Report: please send if available

POC to be sent for testing? YES ____ NO ____

Please contact the BWVWC to discuss if any of the following issues are present:
Difficult airway access, difficult venous access, blood dyscrasias, sickle cell disease,
malignant arrhythmias, uncontrolled hypertension, GA > 16 weeks, or GA > 14 weeks
and a previous history of a caesarean section.