

REFERRAL FORM

Your patient should call the TelAbortion coordinator to schedule a videoevaluation. The TelAbortion provider will conduct a comprehensive screening to confirm eligibility for the service, however please confirm these basic criteria before referring your patient:

- has access to a device (phone, tablet, computer) with internet connection, a webcam, & microphone
- lives in either Iowa OR is able to have consult and receive the package in Iowa
- does not have contraindications to medical abortion **including:**
 - IUD in place
 - Chronic adrenal failure
 - Inherited porphyria
 - Concurrent long-term corticosteroid
 - History of allergy to mifepristone, misoprostol, or other prostaglandin
 - Hemorrhagic disorders or concurrent anticoagulant therapy treatment
- LMP less than 69 days
- 18 years old or older

Patient Details

_____ / / _____
Name (First, Last) *DOB (mm/dd/yyyy)*

Complete if known:

LMP: mm___/ dd___/ yy___ G: _____ P: _____

Any known medical problems: _____

Screening tests

- Ultrasound or pelvic exam report: Attached Will fax later/report not received yet
- Rh type: Positive Negative Unknown (test results pending)
- Source of info for Rh type:* Patient self-report Blood test (attached)
 Blood donor card Blood test (will fax later)
- Hemoglobin or Hematocrit report if history of anemia:
 Attached Will fax later/report not received yet

Name (First, Last)

e-mail address

Street address (Street, State, Zip Code)

Phone number

Fax number

Thank you for this referral. The TelAbortion provider (Emma Goldman Clinic) will have a medical abortion consultation with your patient by videoconference. If the patient is eligible, Emma Goldman Clinic will mail the medications and will conduct a follow-up consult.

Please indicate if you would like to be involved in the follow-up care of this patient: Yes No

I confirm that all the information I have provided on this form and the medical records I provide to Emma Goldman Clinic are accurate and complete. I have received permission from my patient to share this information with the TelAbortion provider.

Signature

Date (mm.dd.yyyy)

Contact information: Phone: (319) 337-2112
E-mail: info@emmagoldman.com