



C.A.R.E. PROGRAM / 4500 Oak Street E-3 / Vancouver, BC V6H 3N1 / Telephone: 604.875.2022 / Facsimile: 604.875.3274

*****PLEASE HOLD UNTIL PATIENT SEEN FOR FOLLOW-UP APPOINTMENT*****

1. **What date did patient have her procedure?** _____

2. **When did you see the patient?** _____

3. **Were there any problems identified?:**

-- Continued pregnancy _____

-- Abnormal bleeding _____

-- Infection (Please describe) _____

-- Emotional problems _____

-- Incomplete procedure or
retained products of conception _____

-- Other _____

4. **What treatment was offered?:**

-- Medication (Please specify) _____

-- Hospitalization (Number of days)* _____

-- Repeat D&C* _____

-- Counselling _____

-- Other _____

5. **Any further comments:** _____

Completed by: _____

PLEASE FAX TO 604-875-3274

***Please enclose copies of operative reports, pathology reports or other pertinent documents**