

Patient details

Pronoun First name Surname Date of birth

DD/MM/YY

Street address

Suburb State Postcode Phone number

Patient contact preference

Telephone my patient to discuss options My patient will contact you on 1300 003 707 to discuss appointment options

My patient has requested assistance with:

Abortion

Surgical abortion Medical abortion in clinic Tele-abortion → *Please see additional information overleaf (top section).*

Date of LMP: → *Please see additional information overleaf if >16 weeks.*

DD/MM/YY

Contraception

Vasectomy

Referring doctor details

Clinic name Provider number

First name Surname

Street address

Suburb State Postcode

Phone number Fax number

Signature Date

DD/MM/YY

Tele-abortion

Instead of attending one of our clinics in person, your patient will have their medical abortion consultation at home. They will have two telephone consultations: the first with a nurse and the second with a doctor. After the consultation with a doctor, we will send your patient their medications and information about the treatment via registered courier. Your patient will take the medications at home with a support person and as directed by our doctor. They will have access to our free 24/7 telephone nurse aftercare line and access to all options, decision-based counselling before, during and after, if needed. We will also conduct a follow up assessment and may engage your support if and when necessary.

Patient meets the following criteria

- Has access to 24-hour emergency medical care within 2 hours drive of their home
- Is less than 8 weeks' gestation (to ensure they are < 63 days at time of treatment) at the time of appointment
- Is at least 16 years old
- Speaks and understands English and can follow complex instructions
- Has access to the Internet and a telephone
- Requires ultrasound scan confirming intrauterine pregnancy & reporting gestational age with the presence of a yolk sac and/or fetal pole noted

Certain medical conditions are contraindicated in the use of MS-2 Step. Please visit the MS Health website for the full product information sheet for medical professionals at mshealth.com.au.

Has your patient had an ultrasound to assess pregnancy?

- Yes, the pregnancy has been confirmed through ultrasound → Please fax ultrasound report to 03 9658 7440
- No, the ultrasound is booked, as per below No

Name of imaging service

Ultrasound booking date

DD/MM/YY

→ Please indicate on the ultrasound request that a copy needs to be marked 'urgent' and faxed to 03 9658 7440

Patient's blood group (if known)

Please fax any relevant pathology reports to 03 9658 7440

Gestation >16 weeks

Patients with an estimated gestation >16 weeks require an obstetric ultrasound completed after 12 weeks gestation confirming placental location and relation to caesarean section scar if applicable. A FBC completed within the last month and blood group is also required.

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MSI Choice Fund

The Choice Fund is for women and pregnant people in Australia who are experiencing financial hardship. We do not have the resources to respond to increasing demands for financial support throughout this pandemic. Please consider how you can donate or fund raise to support us to provide women and pregnant people safe access to contraception and abortion care.

msiaustralia.org.au/get-involved/donate/