



REFERRAL FORM

Date of Referral: _____

MONTH/DAY/YEAR

Referring Physician Information: (To be completed by physician office)

Name: _____

Physician number: _____

Address: _____

City: _____

Phone: _____

Fax: _____

Patient Label:

Name: _____

Date of birth: _____

Contact number: _____

OHIP: _____

Partner Label (if applicable):

Name: _____

Date of birth: _____

Contact number: _____

OHIP: _____

Referral to:

- | | | | |
|--|---|---------------------------------------|-------------------------------------|
| <input type="radio"/> Dr. S. Corbett | <input type="radio"/> First available physician | <input type="radio"/> Dr. C. Lee | <input type="radio"/> Dr. Y. Usmani |
| <input type="radio"/> Dr. M.A. Fischer | <input type="radio"/> Dr. P. W. Scheufler | <input type="radio"/> Dr. A. Goldberg | <input type="radio"/> Dr. D. Nayot |

Reason for referral:

- | | | |
|--|---|--|
| <input type="radio"/> Fertility | <input type="radio"/> In Vitro Fertilization | <input type="radio"/> Recurrent Pregnancy Loss |
| <input type="radio"/> Surgery | <input type="radio"/> Egg/Embryo Freezing | <input type="radio"/> Reproductive Endocrinology |
| <input type="radio"/> Donor Insemination | <input type="radio"/> Sperm Freezing | <input type="radio"/> Infertility Counseling |
| <input type="radio"/> Donor Egg | <input type="radio"/> Cancer Patient Fertility Preservation | <input type="radio"/> Family Planning |

Information/tests performed in the past 3 months for patients:

| | | |
|---|---|--------------------------------------|
| <input type="radio"/> Day 3 FSH | <input type="radio"/> Pelvic Ultrasound | <input type="radio"/> Blood Type |
| <input type="radio"/> TSH, Prolactin | <input type="radio"/> Surgery Reports | <input type="radio"/> Semen Analysis |
| <input type="radio"/> HIV 1 & 2 | <input type="radio"/> CBC | |
| <input type="radio"/> Hepatitis B, C | <input type="radio"/> VDRL | |
| <input type="radio"/> Rubella | <input type="radio"/> AMH | |
| <input type="radio"/> HSG / Saline Sono | <input type="radio"/> Other: | |