



## 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"/> Dr. G. Goodrow      | <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. W. Jong | <input type="radio"/> First Available Physician |

### 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"/> TSH, Prolactin	<input type="radio"/> Surgery Reports
<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: