



# of pages: \_\_\_\_\_

- Attention: [ ] First available physician [ ] Dr. Alyse Goldberg [ ] Dr. Zahra Sharif
[ ] Dr. Marjorie Dixon [ ] Dr. Jamie Kroft [ ] Dr. Prema Vaidyanathan
[ ] Dr. Ashley Gilman [ ] Dr. Chaula Mehta

PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Sex at birth : [ ] Male [ ] Female [ ] Other
Telephone #: \_\_\_\_\_ Patient Health Card # \_\_\_\_\_
Patient's confidential email: \_\_\_\_\_

PARTNER INFORMATION

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Sex at birth : [ ] Male [ ] Female [ ] Other
Telephone #: \_\_\_\_\_ Patient Health Card # \_\_\_\_\_
Partner's confidential email: \_\_\_\_\_

REFERRING PHYSICIAN DETAILS:

Name: \_\_\_\_\_ Billing number: \_\_\_\_\_
Office Address: \_\_\_\_\_
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Patient - Indicate Areas of Concern:

- [ ] Infertility Investigation & Management
[ ] Obstetric Management (Dr. Dzineku& Dr. Roumain)
[ ] Ovulation Induction
[ ] In Vitro Fertilization (IVF)
[ ] Intrauterine Insemination (IUI)
[ ] Donor Sperm Insemination
[ ] Donor Egg /Gestational Surrogacy
[ ] Egg cryopreservation
[ ] PCOS
[ ] Endometriosis
[ ] Male Infertility
[ ] Recurrent Miscarriages
[ ] Other \_\_\_\_\_

Supporting Documentation, if Available:

- [ ] Sonohysterogram/Hysterosalpingogram
[ ] Laparoscopy or other gyne. surgery reports
[ ] FSH & Estradiol levels (Day 2, 3 or 4 only)
[ ] Endocrine Screen (TSH, Prolactin)
[ ] Relevant consult letters
[ ] Luteal phase progesterone (if used)
[ ] Semen analysis (most recent & any abnormal test)
[ ] Urological consult
[ ] Sperm antibodies/specialized semen tests