



Attention: [] First available physician [] Dr. Alyse Goldberg [] Dr. Prema Vaidyanathan
[] Dr. Marjorie Dixon [] Dr. Jamie Kroft
[] Dr. Ashley Gilman [] Dr. Zahra Sharif # of pages: _____

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

How did you hear about us: [] Healthcare provider: _____ [] Friend referral
[] Online research [] Consumer show: _____ [] Egg/Surrogacy agency
[] Social media [] Other: _____