



Attention: [] First available physician [] Dr. Marjorie Dixon [] Dr. Alyse Goldberg

[] Dr. Zahra Sharif [] Dr. Prema Vaidyanathan

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 [] 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: _____