



Fax completed form to 416-640-9454

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

Dr. Catherine Hansen Dr. Zahra Sharif Dr. Prema Vaidyanathan

Location: North York (25 Sheppard) Toronto (40 University)

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: _____