



Location:

- North York (25 Sheppard)
Toronto (40 University)

Fax completed form to 416-640-9454

- Attention: First available physician, Dr. Marjorie Dixon, Dr. Ramadan El Sugy, Dr. Alyse Goldberg, Dr. Catherine Hansen, Dr. Zahra Sharif, Dr. Prema Vaidyanathan

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: _____