Anova Fertility
& Reproductive Health

REFERRAL FORM

of pages_____

Location: ___ North York (25 Sheppard) ___ Toronto (40 University)
___ Guelph (89 Dawson) ___ Waterloo (430 The Boardwalk)

TORONTO – FAX COMPLETED FORM TO 416-640-9454
GUELPH/WATERLOO – FAX COMPLETED FORM TO 1-519-488-0632

ATTENTION:
___First Available Physician
___Dr. Marjorie Dixon
___Dr. Haidar Mahmoud
___Dr. Alyse Goldberg
___Dr. Prema Vaidyanathan
___Dr. Munirah Al-Hajri
___Dr. Khulood Murad*
___Dr. Meredith Giffin*
___Dr. Mamoun Bereir

[*] = Located at Guelph/Waterloo locations

PATIENT INFORMATION

Name _____ Date of Birth_____

Address_____

Telephone #_____ Patient Health Card #_____

Patient's Confidential Email_____ Sex at Birth___Male___Female___Other

PARTNER INFORMATION

Name _____ Date of Birth_____

Address_____

Telephone #_____ Patient Health Card #_____

Partner's Confidential Email_____ Sex at Birth___Male___Female___Other

REFERRING PHYSICIAN DETAILS

Name _____ Billing #_____

Office Address_____

Tel. #_____ Fax #_____ Email_____

PATIENT – INDICATE AREAS OF CONCERN

___Infertility Investigation & 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 gynecological surgery reports
___FSH & Estradiol Levels (Day 2, 3, or 4 only)
___Endorcrine Screen (TSH, Prolactin)
___Relevant Consult Letters
___Luteal Phase Progesterone (If Used)
___Semen Analysis (Most Resent & Any Abnormal Test)
___Urological Consult
___Sperm Antibodies / Specialized Semen Tests

HOW DID YOU HEAR ABOUT US?

___Healthcare Provider _____ | ___Friend Referral | ___Online Research | ___Social Media
___Consumer Show _____ | ___Egg / Surrogacy Agency | ___Other_____

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