



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. Alyse Goldberg ___ Dr. Meredith Giffin*
___ Dr. Marjorie Dixon ___ Dr. Prema Vaidyanathan
___ Dr. Haidar Mahmoud ___ Dr. Munirah Al-Hajri

[*] = 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

SUPPORTING DOCUMENTATION, IF AVAILABLE

- ___ 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 _____

- ___ Sonohysterogram / Hysterosalpingogram
___ Laparoscopy or other gynecological 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 | ___ Social Media
___ Consumer Show _____ | ___ Egg / Surrogacy Agency | ___ Other _____