



## Physician Referral Form

Please complete our referral form and fax it to your patient's desired clinic location (listed below). A member of our nursing team will contact your patient to review any pre-appointment questions, and schedule the in-person assessment.

Fields marked with an asterisk \* are mandatory.

### When to Refer Your Patient

- Female partner is 35 or older
- Trying to conceive for 6 months or more
- Irregular menses
- Known male factor
- Known tubal factor or endometriosis
- Prior fertility treatment
- Fertility concerns
- Recurrent Pregnancy Loss
- PCOS

### Check your patient's desired location:

- Lakeridge Fertility (Whitby)
- Barrie Fertility (Barrie)
- Niagara Fertility (Niagara/Stoney Creek)
- TRIO KW (Kitchener/Waterloo)

### Primary Patient Details

\*First Name:

\*Last Name:

\*Date of Birth (month/day/year)

OHIP #:

Version Code:

\* Main Phone #

\* Email:

\* Street Address:

\* City:

\* Province:

\* Postal Code:

\* Country:



**Partner Details (if applicable)**

First Name:

Last Name:

Date of Birth (month/day/year):

OHIP #:

Version Code:

Main Phone #:

Email:

Street Address:

City:

Province:

Postal Code:

Country:

**Reason for your referral:**

*Please forward any relevant investigations regarding sperm analysis, laboratory investigations or tubal status.*

Referring Physician Signature: \_\_\_\_\_

Billing #: \_\_\_\_\_

Fax: \_\_\_\_\_

PRINT Name: \_\_\_\_\_

Lakeridge Fertility  
220 Dundas St W,  
#401b  
Whitby, ON L1N 8M7

**Ph:** 905-493-9222  
**Fax:** 905-493-9221

Barrie Fertility  
1 Quarry Ridge Rd.,  
# 201  
Barrie, ON  
L4M 7G1

**Ph:** 705-728-7784  
**Fax:** 705-733-9428

Niagara Fertility  
821 North Service Rd.,  
# 103  
Stoney Creek, ON  
L8E 0J7

**Ph:** 905-662-3139  
**Fax:** 905-662-3140

TRIO KW Fertility  
430 The Boardwalk,  
Suite 407,  
Waterloo, ON N2T  
0C1

**Ph:** 519-585-1796  
**Fax:** 519-584-0770