



## Patient Self Referral Form

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

Fields marked with an asterisk \* are mandatory.

### Check your 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:



Ontario  
Fertility  
Network

Province:

Postal Code:

Country:

**Reason for self-referral:**

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

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

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

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

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

Niagara Fertility  
35 Upper  
Centennial Pkwy,  
Unit #3D  
Stoney Creek, ON  
L8J 3W2

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

TRIO KW Fertility  
430 The Boardwalk  
Suite 308b  
Waterloo, ON N2T  
0C1

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