



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.

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