



Self Referral Form

Lakeridge Fertility Clinic

Telephone: 905-493-9222

Fax: 905-493-9221

Website: www.lakeridgefertility.com

Address: 619 Brock St. South Whitby, Ontario

Postal Code: L1N 4L1

When to Refer

- Female partners under 35 and trying to conceive for 12 months or more
- Female partners 35 or older and trying to conceive for 6 months or more
- Irregular menses, know male factor, know tubal factor or endometriosis, prior fertility treatment
- Fertility concerns

Reason for Referral

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

Patient Details (as per your Health Card. Include full mailing address)

Name: _____

Date of Birth: _____

OHIP#: _____

Address: _____

Contact Number: _____

Partner Details (as per your Health Card. Include full mailing address)

Name: _____

Date of Birth: _____

OHIP#: _____

Address: _____

Contact Number: _____

Urgent Requests: Call 905-493-9222 and ask to speak with Nurse Coordinator

Please note: if you are self referring your significant other must attend the consultation.

Patients will be contacted with appointment date and time.