



PATIENT REFERRAL

Fax: 416-586-4686

Confirmation of receipt of completed referral will be sent to referring doctor's office.

Referral to:

Date: (dd/mm/yyyy) _____

Downtown Location (250 Dundas St W, #700):

- Rebecca Arthur, BSc (Hon), MSc, MD, FRCSC
- Crystal Chan, MD, MSc, FRCSC
- Ellen Greenblatt, MDCM, FRCSC, FACOG (REI)
- Claire Jones, BSc, MD, FRCSC
- Kimberly Liu, MD, FRCSC, MSL
- Heather Shapiro, MD, FRCSC

Vaughan Location (9600 Bathurst St, #300):

- Claire Jones, BSc, MD, FRCSC

North York Location (2 Sheppard Ave E, #430):

- Crystal Chan, MD, MSc, FRCSC

FIRST AVAILABLE:

- Any location Downtown
- Vaughan North York

The MSF team also includes reproductive endocrinology and infertility fellows and a nurse practitioner.

1) **REFERRING PRACTITIONER:** _____ **Billing #:** _____

Phone: _____ Fax: _____

Email: _____

2) **PATIENT DEMOGRAPHICS (as per health card):** **PARTNER DEMOGRAPHICS (as per health card):**
(Mandatory requirements for appointment booking) *(Mandatory requirements for appointment booking)*

Previous patient of Mount Sinai Fertility? Y/ N N/A

Name: _____ Name: _____

DOB: _____ DOB: _____

HC #: _____ HC #: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

3) Infertility Recurrent Pregnancy Loss Sperm Banking

Preimplantation Genetic Diagnosis Donor Sperm / Donor Egg / Gestational Carrier

Clinical Details: _____

Please include, if available, any relevant investigations and results for the patient and, if applicable, the partner: previous fertility testing & treatments, bloodwork results from <1 year, ultrasounds, semen analysis results, genetic testing, and abdominal or pelvic surgery reports.

Fertility Preservation – Oncology/Medical Need please attach consult notes, pathology & surgery reports. Specific details of the planned treatment (ie. Chemo drugs) and timelines will help expedite urgent care. **Please note: Egg retrieval cannot be performed safely in patients with a BMI >40 or beyond ASA class I-II. Sedation is provided in an outpatient setting without anesthetists present.**

Diagnosis: _____

Chemotherapy Radiation Therapy Surgery Treatment completed

Details: _____ Start date: _____