



Dr. T. Williams
Fertility Centre

SELF REFERRAL FORM

PLEASE COMPLETE THIS FORM EMAIL BACK TO US FOR AN APPOINTMENT

*Dr. Tanya Williams Fertility Centre
4025 Yonge Street, Suite 215
North York, Ontario M2P 2E3 Canada*

*Tel. (416) 283 - 5539 Fax. (416) 283-1636
Email: receptionist@drtanyawilliams.com*

PATIENT INFORMATION (PLEASE PRINT CLEARLY)

Patient Name _____

Date of Birth _____ Years of Infertility _____ Healthcard No. _____

Patient Address _____

Home Phone _____ Mobile Phone _____

Email Address _____

Family Physician's Name _____

Office Address _____

Office Phone _____ Office Fax _____

AREA(S) OF PATIENT CONCERN:

- ☐ Infertility Investigation and Management
- ☐ Donor Sperm Insemination
- ☐ Donor Egg / Gestational Surrogacy
- ☐ Social Egg Freezing
- ☐ Single Mother by Choice

PLEASE SEND ANY SUPPORTING DOCUMENTATION YOU HAVE:

- ☐ Relevant lab reports
- ☐ Pelvic ultrasound reports
- ☐ Semen analysis (most recent & any abnormal tests)
- ☐ Sonohysterogram / Hysterosalpingogram
- ☐ Laparoscopy or other gyne. surgery reports
- ☐ Previous IVF cycle records
- ☐ Urological consult (if done)

Comment
