



Self Referral Form

Niagara Fertility Clinic

Telephone: 905-662-3139

Website: www.niagarafertility.com

Address: 35 Upper Centennial Parkway, Stoney Creek,
Ontario

Postal Code: L8J 3W2

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 905-662-3139 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.