



Self Referral Form

TRIOKW Fertility Clinic

Telephone: 519-585-1796

Fax: 519-584-0770

Website: www.triokwfertility.com

**Address: 430 The Boardwalk, Suite 308-B Waterloo,
Ontario**

Postal Code: N2T 0C1

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

Name: _____

Date of Birth: _____

OHIP#: _____

Address: _____

Contact Number: _____

Partner Details

Name: _____

Date of Birth: _____

OHIP#: _____

Address: _____

Contact Number: _____

Urgent Requests: Call 519-585-1796 and ask to speak with the 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.