T: 204.779.8888
F: 204.779.8877
701-1661 Portage Ave.
Winnipeg, MB R3J 3T7

HEARTLAND
Fertility & Gynecology Clinic
Affiliate of Procrea Fertility®

Referral Form

(Must include both partners' demographics)

Date: _____

Patient Name: _____

Address: _____

MB Health #: _____ PHIN (9 digit #): _____ _____ _____ Date of Birth D/M/Y: _____

Daytime Phone: _____ Email: _____

Gender: M ____ F ____ MTF ____ FTM ____ Other_____

Partner Name: _____

Address: _____

MB Health #: _____ PHIN (9 digit #): _____ _____ _____ Date of Birth D/M/Y: _____

Daytime Phone: _____ Email: _____

Gender: M ____ F ____ MTF ____ FTM ____ Other_____

Referring Physician *(To be completed by Referring Physician's office)*

Referring Physician: _____ **Physician number:** _____

Phone number: _____ Fax: _____

Address: _____

Reason for Referral: (check applicable)

Infertility

- ☐ General Infertility
- ☐ IVF or ICSI
- ☐ Donor Egg
- ☐ Donor Sperm Insemination
- ☐ Recurrent Pregnancy Loss
- ☐ Reproductive Endocrinology
- ☐ Gestational Surrogacy
- ☐ Medically Indicated Fertility Preservation
- ☐ Sperm Freezing
- ☐ Other: _____

Gynecology

- ☐ Abnormal Uterine Bleeding
- ☐ Minimally Invasive Surgery
- ☐ Tubal Reversal Surgery
- ☐ Other: _____

Investigations:

Please include all relative consultations and investigations. If you are referring a patient, for fertility treatment, please include the following information from tests performed in the last 3 months for female and male patients & include with your referral form/request.

Female Fertility Patients

- ☐ Cycle Day 2-4 FSH, E2 & LH
- ☐ Cycle Day 21-24 Progesterone
- ☐ AMH
- ☐ TSH
- ☐ Prolactin
- ☐ HbsAb
- ☐ HbsAg
- ☐ HCV
- ☐ HIV 1 & 2
- ☐ VDRL
- ☐ Rubella
- ☐ Varicella
- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ Blood Type & Rh
- ☐ Pap History
- ☐ Ultrasound Reports
- ☐ Surgery Reports
- ☐ HSG Reports
- ☐ Other: _____

Male Fertility Patients

- ☐ Semen Analysis
- ☐ Blood Type & Rh
- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ HIV 1 & 2
- ☐ HCV
- ☐ HbsAg
- ☐ HbsAB
- ☐ VDRL
- ☐ Other: _____

Comments: _____

_____

Heartland will contact your patient, to arrange a consultation once a referral has been received.

Thank you for referring your patients to Heartland!