familyfertilitycentre

Dr Marcin Stankiewicz
Medical Director
CREI FRANZCOG LEKARZ

GP referral form

Refer a patient to Family Fertility Centre

Send to: reception@familyfertilitycentre.com.au or fax (08) 8312 2505. Referrals must be sent by the referring doctor.

Referring doctor

Please complete all fields

Doctor's name

Provider number

Clinic name

Phone

Fax

Clinic address

Email

Patient

Full name

Date of birth

Medicare number

Address

Phone

Email

Partner, if relevant

Full name

Date of birth

Phone

Reason for referral

- ☐ Difficulty conceiving
- ☐ Age-related fertility concerns
- ☐ Ovulation disorder or endometriosis
- ☐ Fertility preservation
- ☐ Male-factor infertility
- ☐ Recurrent pregnancy loss
- ☐ Donor treatment
- ☐ Single or same-sex couple planning treatment
- ☐ Other:

☐ **URGENT fertility preservation** (before cancer treatment or other therapy that may affect fertility). Please also call (08) 8490 3980.

Relevant clinical and reproductive history

Results attached

☐ AMH blood test ☐ Semen analysis ☐ Other:

Referral valid for ☐ 12 months ☐ Indefinite

☐ The patient agrees to this referral and to their information being shared with Family Fertility Centre.

Signature

Date

Questions about a referral?
Karly, GP liaison: (08) 7170 3971 · karly@fertilityexperts.com.au
Reception: (08) 8490 3980 · Monday to Friday, 8am to 5pm

Ashford Specialist Centre
Suite 20, 4th Floor, 57–59 Anzac Highway
Ashford SA 5035