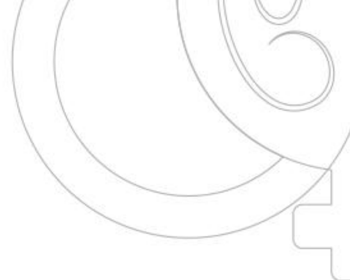

MEDFEM
FERTILITY CLINIC

www.medfem.co.za

Patient Referral Form

Patient Information

Full Name: Date of Birth:

Contact Phone Number: Email:

Partner name (if applicable):

Doctor Information

Full Name:

Contact Phone Number: Email:

Referral Date:

Clinical Record

Cause of infertility (if identified)?		OR Years Unexplained:
Investigations	Date	Result
Hep B		
Hep C		
HIV		
Chlamydia		
FSH		
LH		
Oestradiol		
Mid-luteal Progesterone		
TSH		
T4		
Prolactin		
AMH		
Fasting Insulin		
Glucose		
Semen Analysis	Normal	Abnormal
Ultrasound	Normal	Abnormal
HSG	Normal	Abnormal

Other details (information on normal/abnormal results, surgery etc.)

Postal Address: PO Box 2233, Cramerview, 2060, South Africa
Physical Address: Cnr. Nursery Ln and Peter Place, Bryanston, South Africa
Tel: +27 (11) 463 2244 | Fax: +27 (11) 463 1875
Email: info@medfem.co.za

Directors: JHJ van Rensburg, JAMH van Schouwenburg, FA Rodrigues, NAC Clark | Medfem (Pty) Ltd | Reg No. 90/05671/07

Reason for Consultation

Fertility assessment consultation	Non-invasive prenatal testing
IVF/ICSI	Laparoscopic Surgery
IUI (Intrauterine Insemination)	Ovulation Stimulation
TESE (Testicular Sperm Extraction)	MESA (Microsurgical Epididymal Sperm Aspiration)
Reproductive Surgery (Anomalies, Adhesions, Fibroids, Etc,)	PCOS
Preimplantation genetic diagnoses	Donor egg
Donor sperm insemination	Surrogacy
Egg freezing	Sperm freezing
Recurrent miscarriages	Other

Any relevant medical information, particularly previous lab tests, semen analysis, operative reports or fertility treatments will be extremely helpful in expediting care. Please attach these liberally.