

PARTNER 1 DETAILS

FIRST NAME _____

SURNAME _____

ABORIGINAL/TORRES STRAIT ISLANDER Y / N SEX F / M

DOB ____/____/____ COUNTRY OF BIRTH _____

ADDRESS _____

SUBURB _____ POSTCODE _____

MEDICARE NO. _____ ()

PHONE _____

PARTNER 2 DETAILS

FIRST NAME _____

SURNAME _____

ABORIGINAL/TORRES STRAIT ISLANDER Y / N SEX F / M

DOB ____/____/____ COUNTRY OF BIRTH _____

ADDRESS _____

SUBURB _____ POSTCODE _____

MEDICARE NO. _____ ()

PHONE _____

REASON FOR REFERRAL:

FERTILITY SPECIALISTS

- Dr Michael Costello
- Dr Rebecca Deans
- Dr Louise Fay
- Prof William Ledger
- Dr Rachael Rodgers
- Dr Shannon Zawada

REFERRING DOCTOR DETAILS

Date:

Name:

Provider no:

Address:

Signature:

Contact Details:

FERTILITY PRE-CONSULT INVESTIGATIONS

If your patient has had any previous fertility treatment, please include previous treatment summaries, relevant investigations and medical history. To assist in the timely access of our treatment services, GP's can organise the below tests for patients prior to a consultation.

Please order the following investigations for the patient and copy results to

Fax: 9382 6638 or

SESLHD-FertilityandResearchCentre@health.nsw.gov.au

Tests for Female Patient

1. **Blood Test:** AMH (approximately \$65), TSH, Prolactin, FBC, Iron Studies, HbEPG, Hep B, Hep C, HIV, Syphilis, Karyotype, Rubella IgG, Varicella IgG, CMV IgG, Blood Group
2. **Pelvic Ultrasound** with antral follicle count during the first half of cycle (we would prefer this to be conducted at a specialist women's ultrasound practice)

Tests for Male Patient

1. **Blood Test:** Hep B, Hep C, HIV, Syphilis, FBC, Iron Studies, HbEPG, Blood Group
2. **Semen Analysis:** (Available through the RHW Andrology Laboratory via appointment, please call 9382 6643, costs apply). Patient to bring pathology request form.

Please forward completed referral(s) to: Fax (02) 9382 6638 or

SESLHD-FertilityandResearchCentre@health.nsw.gov.au

Once a referral has been received, the Fertility and Research Centre will contact the patient within 10 business days to book an initial consultation.

Please note that wait times apply.

ACCESSING IVF SERVICES AT THE FERTILITY & RESEARCH CENTRE

The NSW Government is currently funding an initiative to provide low-cost IVF services. If your patient is intending to access these services, **please fill out the additional referral** for Dr Rachael Rodgers in order for you patient to access treatment.

Eligibility Criteria for low cost IVF:

- NSW Resident - Permanent Resident Medicare Card
- Female partner is less than 41 years of age at time of treatment

Cost to Patient:

- \$1000 per IVF Cycle which includes first embryo transfer
- \$765 per subsequent embryo transfer
- \$260 annual storage fee if there are any frozen embryos (costs are subject to change)
- Additional costs for medication

Dear Dr Rachael Rodgers,

Please see the following patients for IVF treatment.

Partner 1: _____ **DOB:** ___/___/___

Partner 2: _____ **DOB:** ___/___/___

REFERRING DOCTOR DETAILS:

Date:

Name:

Provider no:

Address:

Signature:

Contact Details:

Please forward completed referral(s) to: Fax (02) 9382 6638 or
SESLHD-FertilityandResearchCentre@health.nsw.gov.au

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