FERTILITY & RESEARCH CENTRE FERTILITY REFERRAL

Each partner **must** have an individual referral form completed for the referral to be valid.

PATIENT DETAILS

FIRST NAME _____

SURNAME _____

DOB ____/____/_____COUNTRY OF BIRTH _____

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

INTERPRETER REQUIRED Y/N if yes, please specify_____

ADDRESS _____

_____SUBURB _____

POSTCODE_____

MEDICARE NO. __ __ __ __ __ __ __ __ __ __ (__)

PHONE _____

EMAIL _____

PARTNER DETAILS

FIRST NAME _____

SURNAME_____

DOB ___/___/____

REFERRING DOCTOR DETAILS:

Date:

Name:

Provider no:

Address:

Contact Number:

Signature:

REASON FOR REFERRAL:

FERTILITY SPECIALISTS

Dr Michael Costello ☐
Dr Rebecca Deans ☐
Dr Louise Fay ☐
Dr Rachael Rodgers ☐
Dr Shannon Zawada ☐

FERTILTY 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 (for results only) or
SESLHD-FertiltyandResearchCentre@health.nsw.gov.au

Tests for Female Patient

1. **Blood Test:** AMH (approximately $90), TSH, Prolactin, FBC, Iron Studies, HbEPG, Hep B, Hep C, HIV, Syphilis, Karyotype, Rubella IgG, Varicella IgG, CMV IgG, Blood Group, Cystic fibrosis (CF), Spinal muscular atrophy (SMA), Fragile X syndrome (FXS)
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, Karyotype
2. **Semen Analysis:** (Available through the RHW Andrology Laboratory via appointment, please call 9382 6643, costs apply). Patient to bring pathology request form.

FERTILITY & RESEARCH CENTRE IVF REFERRAL

ACCESSING IVF SERVICES AT THE FERTILTY & 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 patient for IVF treatment.

Patient: _____ **DOB:** ___/____/_____

REFERRING DOCTOR DETAILS:

Date:

Name:

Provider no:

Address:

Signature:

Contact Details:

Please forward completed referral(s) to:
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.