Fertility Preservation Referral

To Fertility Specialists

MelbourneIVF
A MEMBER OF VIRTUS HEALTH

Melbourne IVF 344 Victoria Parade, East Melbourne VIC 3002
Email referral to: fertility.preservation@mivf.com.au Phone: 1800 111 483

Date of referral / /

If the referral is urgent, please contact our after-hours number: (03) 9389 3799

Patient Details

First Name
Last Name

Previous patient of Melbourne IVF? ☐ Yes ☐ No
DOB

☐ Female ☐ Male ☐ Other

Medicare Number
Exp. Date

Healthcare Card
Exp. Date

Address

Suburb
Postcode

Home Phone
Mobile

Email

Aboriginal or Torres Strait Islander? ☐ Yes ☐ No
Interpreter required? ☐ Yes ☐ No

Language
Country of birth

BMI ☐ <35 ☐ >35

Disability/special needs? ☐ No ☐ Yes Specify

Referring/treating doctor/hospital

Dr
Provider No.

Referring Hospital / Clinic

Phone
Fax

Email

Hospital Address

Suburb
Postcode

Diagnosis

Relevant Past History

Planned/current treatment

Please also include location

Date of planned treatment

Estimated risk of permanent fertility impairment

Investigation results

Please attach all relevant investigation results to assist us to triage correctly

Pathology Provider
Radiology Provider

Tests attached

☐ Blood Tests – recent/relevant ☐ Histopathology ☐ CT/ PET/ Ultrasound/ MRI

Dr Signature

Date