

Referral Form


Male Patient Name: _____ DOB _____


Patient Phone Number: _____ Patient email: _____

Street: _____ City: _____ Zip: _____

Female Patient Name: _____ DOB _____


Referring Physician: _____


 **Baseline Male Fertility Assessment**
Includes an at-home semen analysis kit, a result review telehealth appointment with a male fertility specialist, fertility 101 education, and lifestyle and behavior recommendations to improve the chance of conception.


 **Male Fertility Workup**
For males who've already had an abnormal semen analysis. The workup includes a 45-minute telehealth consult with male fertility expert, a physical exam, additional diagnostics (if needed), and a treatment plan.


Procedures: Percutaneous surgical sperm retrieval for IVF (PESA or TESE), Testicular Microdissection, Vasectomy Reversal, Varicocele and Bilateral Varicocele repairs.

Specialty Consults

 **Recurrent Pregnancy Loss (RPL) Consult**
For couples who have suffered at least two miscarriages or had one failed IVF cycle. This consult determines if there is a male factor contributing to RPL.

 **Gender Affirmation Consult**
For people starting or considering gender affirmation care who want to preserve their fertility for the future.

 **Second Opinion**
For males with fertility issues who've been diagnosed or treated and want a second option to ensure they're on the right path.

 **Sperm Cryopreservation Consult**
For people who want to determine if they should freeze sperm prior to cancer treatment, vasectomy, or simply want to get ahead of sperm deterioration.