

Referral Form

Your Partner in Male Reproductive Care

Male Fertility

First Name: _____ Last Name: _____
 DOB: _____ Phone Number: _____
 Email: _____
 Street: _____ City: _____
 State: _____ Zip: _____




Partner

First Name: _____ Last Name: _____
 DOB: _____ Phone Number: _____
 Email: _____





Referring Provider

Provider Name: _____
 Practice Name: _____

Fertility Benefit: ☐ Progyny ☐ Maven ☐ Carrot ☐ WIN ☐ Other

- ☐  **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.
- ☐  **Reproductive Urology Procedure**

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 opinion 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, gender affirmation or simply want to get ahead of sperm deterioration.