

# UAB REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY REFERRAL FORM FOR INFERTILITY AND FERTILITY PRESERVATION SERVICES

Referring Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

## INSURANCE:

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

## DIAGNOSES PROMPTING EVALUATION:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## REQUEST FOR GENERAL FERTILITY EVALUATION: (primary / secondary infertility)

LMP: \_\_\_\_\_ Parity: \_\_\_\_ (full term) \_\_\_\_ (preterm) \_\_\_\_ (aborted/miscarried) \_\_\_\_ (living) \_\_\_\_ (ectopic)

Duration of infertility: \_\_\_\_\_

## PLEASE INCLUDE COPIES OF BELOW LABS AND IMAGING PERFORMED

Prior laboratory testing:

Semen analysis     AMH     TSH, Free T4     Blood Type and Screen     CBC     Prolactin  
 Hemoglobin A1C     Vit D     HIV, Hep B, HCV AB, RPR     Rubella IgG     Varicella IgG

Prior imaging:

Transvaginal ultrasound of uterus and ovaries including antral follicle count (AFC)  
 Hysterosalpingogram (HSG)  
 Saline sonogram (SIS)  
 Other \_\_\_\_\_

Prior genetic testing: \_\_\_\_\_ (i.e. carrier screening; Myriad / Counsyl)

Prior fertility therapies: \_\_\_\_\_ (ovulation induction, insemination, in vitro fertilization)

*\*Please include last clinic note*

Prior surgeries: \_\_\_\_\_

## REQUEST FOR FERTILITY PRESERVATION PATIENTS:

**(Oncofertility preservation prior to starting cancer treatment, egg freezing, sperm banking, lupron suppression, embryo freezing, fertility preservation prior to gender-affirming hormone therapy or surgery)**

Diagnosis: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Prior therapies: (surgery, chemotherapy, radiation) \_\_\_\_\_

Planned therapies: \_\_\_\_\_

Timeline for therapy initiation (when planned): \_\_\_\_\_

Fertility goals discussed with patient at time of diagnosis:     Yes     No     Unsure

**WILL YOUR PATIENT REQUIRE SPECIAL ASSISTANCE DURING THE VISIT:**  
(please specify, i.e. wheelchair, interpreter)

Dr. Ricardo Azziz  
Dr. Sukhkamal Campbell  
Dr. Richard Burney

Dr. Deidre Gunn  
Dr. William Hurd  
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