



DR. JOHN L. FRATTARELLI • DR. ANATTE E. KARMON • DR. EMILY J. GOULET

Phone: (808) 545-2800

Text: (808) 855-6932

Fax: (808) 262-3744

Patient Information

Patient Name _____ DOB ____ / ____ / ____

Address _____ Contact No. _____

Insurance _____ or see attached

Preferred Pronouns She/Her/Hers He/Him/His They/Them/Theirs Unknown

Sex Assigned at Birth Male Female

Partner Name _____ DOB ____ / ____ / ____

Address _____ Contact No. _____

Insurance _____ or see attached

Preferred Pronouns She/Her/Hers He/Him/His They/Them/Theirs Unknown

Sex Assigned at Birth Male Female

Preferred Provider

First Available

Dr. John L. Frattarelli

Dr. Anatte E. Karmon

Dr. Emily J. Goulet

Fertility Services (New patient consultation required)

Infertility Evaluation

Fertility Preservation (Egg Freezing)

Donor Sperm

Recurrent Pregnancy Loss

Surrogacy

Donor Egg

Other _____

Andrology Services

(Only under care of referring provider, No FIH consultation required)

Semen Analysis

FIH is not responsible for the interpretation of andrology results.

Oncofertility Services (URGENT)

(We will contact your patient within 48 hours)

Cancer Diagnosis _____

Sperm Freezing

Egg/Embryo Freezing

Referring Provider

Provider Name _____ Phone No. _____

Clinic Name _____ Fax No. _____

Please fax form, demographics, and all relevant tests/consultation report to (808) 262-3744