Prepare for First Visit / Consultation at Astra

Welcome to Astra and thank you for trusting us with your fertility care.

It is our firm belief that most individuals are naturally born capable of reproducing without help! The truth is that your body naturally has all the tools to reproduce and is programmed to function independent of external input from no one and without doctor's help. The true art of fertility management is to identify the root cause of the underlying problem, provide appropriate and directed therapy targeting the underlying fertility problem. That will usually lead to fertility enhancement with subsequent restoration of your natural fertility or at least improve the success rate of available assisted reproductive treatments (ART) like IUI and IVF.

We again stress the fact that the most important step in your care and management is to identify the issues causing your difficulty conceiving accurately and clearly. In the absence of definitive diagnosis, non-directed fertility treatment options are frequently and hastily offered on an empiric basis, a practice style that can prove costly and very frustrating.

The diagnostic work-up starts with accurate detailed history and information gathering. Please take the time to fill out our history form accurately. It is also important to get any information related to previous imaging, testing, treatments or surgeries.

Both partners are highly encouraged to attend the first consultation. Please arrive 10-15 minutes before your scheduled appointment. You may have previously been contacted by our receptionist who would have already reminded you to bring or send a photo of your health cards and sign an information release form to obtain necessary information from previous health care providers.

Directions to the clinic are readily available on our website.

If you are not able to attend your appointment, please inform us at least 24 hours prior to the appointment time so we may utilize the allotted time.

Fertility Cost:

There may be costs associated with treatment such as medication, procedures and freezing costs.
The costs in each treatment phase will be discussed prior to treatment start.

Medication

Fertility medication are not covered by OHIP. You may find our if your private benefits insurance plan covers fertility medications.

Annual Block/Administrative Fees:

It is highly recommended that patients take advantage of the Annual Block/Administrative fee, which has shown to be highly regarded and appreciated by our clients. These fees allow us to continue providing exceptional quality services that our patients deserve and expect. These much-needed services are not covered by OHIP or the Ontario Fertility Program.

Block fees coverage goes way beyond your standard care during an active ongoing treatment cycle. Fertility care and support does not end with the completion of a treatment cycle or procedure. Block fees provide you with on demand, constant and timely access to continuous and ongoing expert care extending to management of early pregnancy complications or emerging gynecological issues without delays awaiting a referral from your primary care physician.

The annual fee also covers letters to employers or insurance companies, calling in prescriptions for maintenance medical issues not related to an active fertility treatment cycle.

We welcome you to Astra Fertility Group and wish you a pleasant and rewarding experience!

Astra Fertility Annual Administrative/ Uninsured Block Fee

Information Sheet

Our annual uninsured service block fee of $200 is designed to grant you access to a comprehensive package of clinical and administrative services that fall outside of the coverage of the Ministry's Ontario Fertility Program and OHIP. These services have been tailored to provide patients undergoing fertility care with continuous, on-demand, and timely access to an exceptional level of care that goes beyond what is typically considered standard and conventional within the framework of the fertility program and OHIP insured services. We recognize the emotional needs of our patients and the urgency to receive services and responses promptly. That's why we offer constant, on-demand specialized availability and support, seven days a week throughout the year.

We view these services as essential for delivering the high-quality fertility care that you rightfully deserve. It's worth noting that the annual block fee covers not only your needs related to treatment cycles but also extends to special medical support during the crucial first three months of pregnancy, addressing potential early pregnancy issues and complications, as well as other gynecological concerns that may arise during your fertility management or between treatment cycles. This broader scope of services is highly valued by our clients and distinguishes us from other fertility clinics.

The annual administrative/uninsured block fee includes unlimited access to the following services, each of which would incur an individual fee if charged separately:

- Calls or faxing prescriptions to the pharmacy (outside ongoing cycle visits)-$45 per event
- Phone or email discussions with staff (outside ongoing cycle visits)-$45 per event
- Calling the emergency after-hours phone line for immediate medical service- $65 per event
- Support sessions/counselling with nursing (outside ongoing cycle visits)-$50 per event
- Letters to employees or insurance companies - $75 per event
- Short sick notes- $50 per note
- Requests for copies of test results-$45 for less than 20 pages
- Expedited consults for emerging gynecological or early obstetrical complications without need for new referral from primary care physician

It's worth highlighting that although participation in the annual block fee program is optional and will not affect your access to basic fertility care covered by OHIP or Ontario Fertility program funded IVF and IUI services, we highly recommend your involvement to guarantee that you receive the level of care you rightfully deserve, and in a timely fashion.

On behalf of our team, we extend our best wishes for a successful and rewarding experience with Astra Fertility Group.

Block Fee Participation Chart

	Not a Participant	Participant
Calls or Faxing of Prescriptions to the pharmacy	$45 per prescription	☑
Phone/Email discussions with staff (outside of cycle visits	$45 per event	☑
After-hours phone line calls	$65 per event	☑
Support Sessions/ Counselling with a nurse	$50 per event	☑
Letters to Employees or insurance companies	$75 per event	☑
Short Sick Notes	$50 per note	☑
Requests for copies of test results	$45 for less than 20 pages	☑
Urgent gynecological/ Early OB complications consults without new referral	Need Referral	☑
OB Complications up to 11 weeks	Need Referral	☑

If you are not a block fee participant, you will be released from care after your 6 weeks ultrasound in which you will continue your pregnancy journey with another physician.

Contact Information

Female:

First Name: Middle Initial: Last Name:

Date of Birth (MM/DD/YYYY): Occupation:

Heath Card Number: Version Code:

Home Address:

City: Province: Postal Code:

Phone Number:

Alternate Phone Number:

Email Address:

If you have a partner, please complete the partner section below, otherwise leave blank.

Partner:

First Name: Middle Initial: Last Name:

Date of Birth (MM/DD/YYYY): Occupation:

Heath Card Number: Version Code:

Home Address:

City: Province: Postal Code:

Phone Number:

Alternate Phone Number:

Email Address:

General Information

Family Doctor Name: Phone Number:

Partner's Family Doctor Name: Phone Number:

Do you have a drug plan that covers fertility medication?

General History

How long have you been having unprotected intercourse?

How long have you been trying to actively get pregnant?

How long have you been trying to get pregnant with a doctor's help?

Was the doctor a:

☐ General Gynecologist ☐ Reproductive Endocrinology & Infertility Specialist

Approximately how many times a week do you have intercourse on average?

Do you or your partner smoke? How many cigarettes per day?

Do you or your partner drink alcohol? How many drinks per week?

Female History

Height Weight Blood Group Skin Colour

Ethnic Background

Do you have allergies, if yes please list the allergies including allergies to medication:

Menstrual periods occur every days.

Are your periods regular? Amount of Bleeding Duration of bleeding days
Are your periods painful? Age period started Do you have endometriosis?

Do you have any medical concerns, if yes please explain:

Do you take prescription medication, if yes, please list the names and doses:

Have you ever been diagnosed with pelvic inflammatory disease (PID)?

Have you ever had pelvic or abdominal surgeries, if yes what were the findings?

Number of pregnancies with current partner: ____ With previous partner (if applicable) ____

Number of miscarriages: ____ Abortions: ____ Tubal pregnancies: ____ Which tube? ____

Number of live births: ____ Vaginal Births: ____ Cesarean sections: ____

Treatment History

Have you ever had any of the following:

Test/ Procedures	YES or NO	Results
Hysterosalpingogram OR Sonohysteroscopy		
Laparoscopy		
Hysteroscopy		

Previous ART Treatment	YES or NO	How many cycles?	Any Success?
Clomiphene stimulation with intercourse			
Clomiphene stimulation with insemination			
Injectable FSH stimulation (Puregon/Gonal F) with intercourse			
Injectable FSH stimulation (Puregon/Gonal F) with insemination			
Insemination without any stimulation			
In vitro fertilization (IVF)			
In vitro fertilization with ICSI (IVF +ICSI)			

OTHER

Any other information we should know about your case?

Any pertinent test results, procedures or problems identified?

Is there a family history of infertility? ____

IVF details if applicable

Stimulation Protocol: ____ Number of follicles ____

Number of eggs retrieved ____ Number of embryos transferred: ____

Number of embryos frozen ____ Outcome: ____

Spouse/Partner History (if applicable)

Height Weight Blood Group

Skin Colour Ethnic Background

Do you have allergies, if yes please list the allergies including allergies to medication:

Have you had any pregnancies with a previous partner?

Do you have problems with erection or ejaculation?

Do you take prescribed medication?

Have you had any previous surgeries? If yes please list them.

Is there a family history of infertility?

Have you had a semen analysis done? Date of test

Result of test Where was test done?

Have you been diagnosed with azoospermia (no sperm)?

Have you had a testicular biopsy? When was it done?

Where was it done? Result

Any specific questions you would like to address with the doctor?

Authorization to Release Medical Records

4303 Village Centre Court, Mississauga ON L4Z 1S2
Phone:(905 949 6999) Fax: (905 949 6908)
Email: reception.miss@astrafertility.com Website: www.astrafertility.com

Date:

To:

Fax #:

RE:

Affix pt label

Affix pt label

Please forward the following:

I hereby authorize you to release any information including the diagnosis and records of any treatment or examination rendered to me during the period under your care.

Patient Signature

Signature of Spouse/Partner

Witness Signature & Printed Name

Witness Signature & Printed Name

Thank you in advance. , Medical Administrative Assistant

On behalf of Dr. Essam Michael, MD FRCS (C), FACOG, DABOG

Patient Privacy Consent Forms

This office will collect, use and disclose information about you for the following purpose:

- To deliver safe and efficient patient care
- To establish and maintain communication with you
- To advise you of treatment options
- To permit potential purchasers, practice brokers or advisors to evaluate the practice
- To comply with agreements/undertakings entered into voluntarily by the member with governing bodies, including the delivery and/or review of patients charts and records in a timely fashion for regulatory and monitoring purposes
- To communicate with other treating health-care providers, including specialists and referring doctors
- To identify and to ensure continuous high-quality service
- To allow us to efficiently follow-up for treatment, care and billing
- To assess your health needs
- To enable us to contact you
- To allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- To complete and submit claims for third party adjudication and payment
- To provide health care
- To offer and provide treatment, care and services
- For teaching and demonstrating purposes on an anonymous basis
- To comply generally with the law
- To invoice for goods and services, process payments and collect unpaid accounts
- To deliver your charts and records to the office's insurance carrier to enable insurance company to assess liability and quantify damages, if any
- To assist this office to comply with all regulatory requirements
- To prepare material for the Health Professions Appeal and Review Board (HPARB)

By singing this consent section of the Patient Consent Form, you have agreed that you have given your informed consent on the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and. or disclosure of your personal information we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) and for the defense of a legal issue.

Our Office will not under any conditions supply your insurer with confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

Patient Consent

I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information.

I agree that Dr. Essam Michael and associates can collect, use and disclose personal information as disclosed in the office's privacy policies:

Patient Signature	Print Name	Date
Partner Signature	Print Name	Date

Cancellation Policy/ No Show Policy for Appointments

We understand that there are times when you must miss an appointment due to emergencies or unforeseen obligations. However when you do not call to cancel an appointment, you may be preventing another patient from getting needed care in a timely fashion.

If an appointment is not cancelled at least 24 hours in advance, or you do not show up for your booked appointment you will be charged a $100 fee. The balance must be paid prior to future appointments being made.

Thank you for your understanding
Management
Astra Fertility Group

I understand the above policy and the fees associated with the no show/cancellation of an appointment without notice.

Patient Name

Patient Signature

Date

Astra Fertility Drugs and Dispensing Policy

Dear Astra Patient,

Fertility drugs are expensive and not everyone is covered under their private insurance plan. Before starting fertility drug treatment at Astra it is important to find out if you are covered under private insurance and for how much or how many cycles. Also please be aware that not all pharmacies carry these drugs due to the expense and strict storage requirements keeping them in a special temperature range. Exact quantity of drugs that you will need varies according to your ovarian response. Doses can change unexpectedly at any time during a treatment course. Weekend starts are not uncommon, so availability is crucial.

Please select one of the following options:

1. ☐ All needed drugs will be available to you through **Astra Fertility Clinic** at any time. Our prices are significantly cheaper than most local pharmacies. This is truly your best option.

2. ☐ We may forward your prescription to our recommended **associated specialized pharmacy** which deals extensively with Fertility drugs and guarantees same day drug delivery 7 days a week including holidays. Drugs from the pharmacy can also be delivered ready for you at your Astra clinic location so the nurse can go over how and when to use the medication to avoid any mix ups that can compromise your treatment outcome.

3. ☐ If you prefer to have your prescription given to you before or at the start of your treatment, we will have your prescription ready for pick up or faxed to **your pharmacy of choice**. It is your responsibility to ensure you have your drugs on hand at cycle start and during the entire treatment course, especially if there is unforeseen necessary dose changes. Delays getting the drugs on time can gravely affect your treatment outcome.

For the reason of constant availability and accessibility to fertility drugs and lower overall cost at Astra, we highly recommend option 1.

I _____ have reviewed the above options to get my medication, as outlined under Astra Fertility Drug and Dispensing Policy and will proceed with my chosen option.

Patient Name	Patient Signature	Date
Witness Signature		Date

Affix pt label

Consent To Share Information #1

Female Patient

I, _____ give consent for information regarding my
(female patient name)
personal medical treatment, instructions, medications and testing requirements to be given to _____ on my behalf.
(partner name)

_____	_____	_____
Female patient signature	Female patient DOB	Date

_____	_____
Partner signature	Date

_____	_____
Astra Fertility Staff Name & Signature	Date

Affix pt label

Consent To Share Information #2

Partner

I, _____ give consent for information regarding my
(Partner name)
personal medical treatment, instructions, medications and testing requirements to be given to _____ on my behalf.
(Female patient name)

Partner signature	Partner DOB	Date

Female patient signature	Date

Astra Fertility Staff Name & Signature	Date

4303 Village Centre Court, Mississauga, Ontario L4Z 1S2
tel | 905 949 6999 . fax | 905 949 6908

12295 Hwy 50, Suite 210, Bolton, Ontario L7E 1M2
tel | 905 857 1988 . fax | 905 857 1882

220 Dundas St. E., Unit 104, Belleville, Ontario K8N 1E2
tel | 613 962 7999 . fax | 613 967 1990

400 Bronte St. S., Unit 105, Milton, Ontario L9T 0H7
tel | 905 693 1193 . fax | 905 693 1550

300 Main Street North, Brampton, Ontario L6V 1P6
tel | 905 451 4333 . fax | 905 451 4324

ASTRA FERTILITY CLINIC

Notice to all patients

"Notification of 1st day of period"

Who to call on 1st day of period to start cycle:

To start your cycle monitoring please call your respective clinic on 1st day of period. You can leave a message or send an email stating your full name (spelling) and date of birth. You will be contacted with your appointment time and date.

What is the definition of 1st day of period

It is the first day of continuous blood regardless of amount (continuous means no interruption 12 hours.)

Clinic Contact

Mississauga:
Phone: 905-949-6999 ext. 0
Email: reception.miss@astrafertility.com

Mississauga Nurse:
Phone: 905-949-6999 ext. 314
Email: nursemississauga@astrafertility.com

Brampton:
Phone: 905-451-4333 ext. 0
Email: reception.bram@astrafertility.com

Brampton Nurse:
Phone: 905-451-4333 ext. 106
Email: nursebrampton@astrafertility.com

Bolton:
Phone: 905-857-1988 ext. 0
Email: receptionbolton@astrafertility.com

Bolton and Belleville Nurse:
Phone:905-857-1988 ext. 500
Email: nursebolton@astrafertility.com

Milton:
Phone: 905-693-1193 ext. 0
Email: reception.milton@astrafertility.com

Milton Nurse:
Phone: 905-693-1193 ext. 201
Email: nursemilton@astrafertility.com

Belleville:
Phone: 613-962-7999
Email: receptionbelleville@astrafertility.com

IVF patients Nursing Team:
Phone: 905-949-6999 ext. 302
Email: ivf@astrafertility.com

For cycle day one on weekends, please call reception Mississauga at 905-949-6999 ext. 8808
Email: ultrasound@astrafertility.com

To reach a nurse on weekends please call Mississauga at 905-949-6999 ext. 314
Email: nursemississauga@astrafertility.com

4303 Village Centre Court, Mississauga, Ontario L4Z 1S2
tel | 905 949 6999 . fax | 905 949 6908

12295 Hwy 50, Suite 210, Bolton, Ontario L7E 1M2
tel | 905 857 1988 . fax | 905 857 1882

220 Dundas St. E., Unit 104, Belleville, Ontario K8N 1E2
tel | 613 962 7999 . fax | 613 967 1990

400 Bronte St. S., Unit 105, Milton, Ontario L9T 0H7
tel | 905 693 1193 . fax | 905 693 1550

300 Main Street North, Brampton, Ontario L6V 1P6
tel | 905 451 4333 . fax | 905 451 4324

ASTRA FERTILITY CLINIC

Surgical Bookings: Karen

Phone: 905-272-3776 ext. 429
Email: karen@astrafertility.com

EMERGENCY AFTER HOURS PAGER: 416-508-9814 (between hrs of 4:00pm and 8:00pm)

Semen Analysis Booking:

Bolton location: 905-857-1988 ext. 0

Brampton location: 905-451-4333 ext. 0

Milton location: 905-693-1193 ext. 0

Mississauga location: 905-272-3776 ext. 427

Belleville location: 613-962-7999 or 416-900-5277

Ultrasound Department

Miss location: 905-949-6999 ext. 8808

Bolton location:905-857-1988 ext. 0

Milton location:905-693-1193 ext. 0

Brampton location:905-451-4333 ext. 0

Administration:
Phone: 905-272-3776 ext. 433
Email: admin@astrafertility.com

Accounting Assistant and Storage Co-ordinator:
Phone: 905-272-3776 ext. 428
Email: accounting@astrafertility.com

We Care About your Experience

Do you have a concern or complaint regarding your care?

Your feedback is important to us!

At Astra Fertility Group we are committed to providing you with the highest quality of care and ensuring your complete satisfaction if you ever encounter an issue or have a concern related to your care, please understand your input holds significant value to us.

Contact via Phone: 905-272-3776 ex. 432

Contact via Email: hr@astrafertility.com

Our team is committed to addressing your inquiry promptly, typically responding within 1-2 business days. Rest assured that your concern or complaint will be handled with the utmost confidentiality. Your experience and well-being are our top priorities.

For unresolved complaints please contact:

1-888-662-6613 OR protectpublichealthcare@ontario.ca