

Male Partner Chart- For Fertility Studies

EAST CASCADE WOMEN'S GROUP

PATIENT MALE PARTNER INFORMATION

Your partner is pursuing fertility treatment and as her male partner, the provider may need to order some testing for you as well. In order to do so, we need to start a basic chart to order from and to have the labs send results to. Please complete all areas below and return to East Cascades Women's Group.

We will not be billing for these labs, you will get a bill from the laboratory running the tests.

In order to have results shared with your female partner, please complete the medical information authorization at the bottom of this form.

If you would like results shared with your primary care provider, please ask for and complete a medical records release form.

If any tests identify a need for further work up or referral to another specialist, you will need to get that referral from your primary care provider. We are unable to make referrals on the partners of our patients.

First Name	Middle Name	Last Name	Age:	Birth Date
Mailing Address		City	State	Zip
Phone number	Marital Status M S W D P	Primary Care Provider Name:		
May we leave medical and accounting info on voicemail? Yes No		Email address:		

PARTNER INFORMATION

Name of spouse or partner	Partner's Date of birth	Partners phone number
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PRIMARY INSURANCE INFORMATION (Male Partner)

Name of Primary Insurance company	Name of subscriber	Subscriber member ID	Group #
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MEDICAL INFORMATION AUTHORIZATION

As required by law, for anyone at our facility to discuss your medical care with your partner, you must give permission for us to share any information. By listing your partner below, we are allowed to share your lab results and other medical information as needed for fertility treatment with her.

Partner (Patient) Name:

Partner (Patient) Date of Birth:

Signature:

Date:

Business office only: Please scan this form into patient chart.