

## King's Fertility Referral Form

<b>Referral Date:</b>	
<b>Referrer's Name:</b>	
<b>CCG:</b>	
<b>NHS or Self-Funding</b>	

Patient Details		NHS Number:	
Title:		Surname:	
Address:		First Name:	
		Date of Birth:	
		Town of Birth:	
		Country of Birth:	
Can we contact patient by email	Y/N	Ethnicity:	
Email:		Home Tel. No.	
Work Tel. No.		Mob. Tel. No.	
Height	cm	Interpreter	Y/N
Weight	Kg	Language:	

Partner Details		NHS Number:	
Title:		Surname:	
Address:		First Name:	
		Date of Birth:	
		Town of Birth:	
		Country of Birth:	
Can we contact partner by email	Y/N	Ethnicity:	
Email:		Home Tel. No.	
Work Tel. No.		Mob. Tel. No.	
Height	cm	Interpreter	Y/N
Weight	Kg	Language:	

GP Details			
GP NAME:		Address:	
SURGERY:			
Tel No:			
Fax No:		Postcode:	

NHS Eligibility Criteria		
Time trying to conceive together (months):		
Other Criteria	Patient	Partner
Existing children (number)		
Sterilised Yes/No		
Smoker Yes/No		

Previous Fertility Treatments And Investigations				
Date	Hospital	Treatment	Funding	Outcome

Clinical Record		
Cause of infertility (if identified):		(or) Years of unexplained infertility:
Investigations (if carried out)	Date	Result
FSH on Day 2 – 5		
LH on Day 2 – 5		
Oestradiol on Day 2 – 5		
Mid-luteal Progesterone		
Semen Analysis		
TSH		
Rubella immunity		
Haemoglobinopathy screen (if relevant)		
Other:		

Does this couple meet the local Clinical Commissioning Group (CCG) criteria for IVF/ICSI NHS funding: YES / NO

**Declaration by referrer:**

The information I have provided on this form is correct to the best of my knowledge

Name:

Date:

For **NHS** referrals please send form to: [NHSreferrals@kingsfertility.co.uk](mailto:NHSreferrals@kingsfertility.co.uk)

For **private** referrals please send form to: [referrals@kingsfertility.co.uk](mailto:referrals@kingsfertility.co.uk)

