**King’s Fertility Long Term Storage (LTS) Referral Form**

|  |  |
| --- | --- |
| **Referral Date:** |  |
| **Referrer’s Name:** |  |
| **Name + Address of who to invoice (e.g. Commissioner,**  **Clinician, or Patient)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details** | | NHS Number: | |
| Hospital 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: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrer Details** | | | | |
| NAME: |  | Address: |  |
|  |  |
| SURGERY: |  |  |
| Tel No: |  | Postcode: |  |

|  |  |
| --- | --- |
| **Clinical Record** | |
| Diagnosis |  |
| Proposed Treatment |  |

If the above patient has had bloods taken for **HIV** and **HEP B&C** within the last month of their sperm storage consultation they should bring the paper results with them to their appointment with us.

**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 the referral form to: [NHSreferrals@kingsfertility.co.uk](mailto:NHSreferrals@kingsfertility.co.uk) or [kingsfertility.Ltd@NHS.net](mailto:kingsfertility.Ltd@NHS.net).

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

Please note that our KingsFertility email address is NHS accredited. For confirmation, please refer to: <https://digital.nhs.uk/services/nhsmail/the-secure-email-standard/the-secure-email-standard#section-4>