King's Fertility NHS Referral Form

Referral Date:	
Referrer's Name:	
Referring Hospital Name:	
CCG:	

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:		Postcode:	

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Tel: +44 (0)20 3957 7950
Email: info@kingsfertility.co.uk
www.kingsfertility.co.uk

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 NHS funding for IVF / ICSI treatment: 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 use **ERS** for submission. For any queries please contact: NHSreferrals@kingsfertility.co.uk or kingsfertility.Ltd@NHS.net. 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

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