

Standard proforma for Referral to Subfertility Clinics**PLEASE NOTE ALL FIELDS MARKED ** ARE MANDATORY**

Referrer	
GP Name **	
GP Telephone Number **	
GP Address **	
GP fax number	
Is an interpreter required? **	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, which language? **	
If transport is required, GP must arrange transport for first visit.	
Date of decision to Refer **	
Date of Referral **	

Patient Details ** All Mandatory Fields			
Title		Surname	
First Name		Marital Status	
Address			
Postcode		Date of Birth	
Gender		Age	
Telephone (Home)			
Telephone (Mobile)			
Telephone (Work)			
NHS Number			

Partner Details ** All Mandatory Fields - If there are no partner details please enter 'N/A'			
Title		Surname	
First Name		Marital Status	
Address			
Postcode		Date of Birth	
Gender		Age	
Telephone (Home)			
Telephone (Mobile)			
Telephone (Work)			
NHS Number			

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Brief history: Include specific patient characteristics including age, duration of trying, relevant past or family history in either partner etc.			
Investigation results: Enclose a copy of all of the investigations results, please tick to indicate results completed.			
	Sample	Test requested	
Female Partner	Blood	FSH, LH, E2 (day 1-5 of the menstrual cycle in women with a regular cycle; random in women with oligo or amenorrhoea)	
	Blood	TFT (all patients) Prolactin (if oligo or amenorrhoea) Testosterone, SHBG (if hyperandrogenic i.e. hirsute, acne)	
	Blood	FBC, U&E, LFT, RBS, HIV, Hep B/C etc (in recent arrivals to UK, past history, risk of haemoglobinopathies, obese)	
	Blood	Rubella (all)	
	Blood	Chlamydia IgG antibodies (all)	
	Blood	Progesterone (luteal phase sample calculated to be 7 days before the next period)	
	Cervical smear	Cytology if repeat due or report of the smear negative within previous 3 years	
	HVS	M,C & S	
	Endo-cervical swab	Chlamydia antigen and GC by NAAT analysis	
Male Partner	Early morning urine sample	Chlamydia antigen and GC by NAAT analysis	
	Blood	FSH, LH & Testosterone in men with oligo or azoospermia	
	Semen analysis within last 6 months	Yes	No

Other relevant issues to address prior to referral:

- | | |
|---|----------|
| 1. This couple have eligibility for PCT funded treatment | Yes / No |
| 2. There are concerns with respect to West Yorkshire eligibility criteria for treatment | Yes / No |
| 3. Life style issues of note (Smoking, Alcohol, drugs etc): | Yes / No |
| 4. There are concerns with respect to the Welfare of an Existing or a Future child | Yes / No |