

## GP Referral Form for Fertility Assessment

In order to refer a couple for assessment all questions must be answered. On completion of this form please send electronically via Choose and Book

It is advised the following information sheets are given to the couple prior to referral:

Information from the Fertility Clinic and Timing intercourse for the fertile time

Both available at [www.womenshealthpeterborough.co.uk](http://www.womenshealthpeterborough.co.uk) for additional information or any queries please ring the Clinical Nurse Specialists: on 01733 673750 (24hr voicemail)

Patient Information			
Name		DOB:	
Address:		NHS No:	
		Home Tel No:	
		Mobile Tel No:	
Email Address: Patient consents to confidential information being sent to this email address			
Partner Information			
Name:		DOB:	
Address:		NHS No:	
		Home Tel No:	
		Mobile Tel No:	
Email Address: Patient consents to confidential information being sent to this email address			
GP Information			
Name:			
Address:	Telephone No:		
	NHS net email address:		
	Referral date:		

### To be completed by GP prior to referral to secondary care

Initial Lifestyle advice	Tick	
Consider referral to smoking cessation and weight management.		
Advise on alcohol intake and recreation drug use.		
Recommend folic acid supplementation.		
Establish by direct questioning to both parents if there is any reason due to past medical or social history of either partner, which may be of concern with regard to the welfare of the unborn child? <i>(This includes history of social care, crime against a child). Answer yes/no. If the answer is 'Yes', but you still wish to refer the couple, please provide full details of any relevant concerns or extenuating circumstances below.</i>	Yes	No

Any other relevant information, eg allergies, medical history requiring pre-conceptual care, ie diabetes, epilepsy, genetic conditions and any other additional information:
Duration of Subfertility :

**Consider referral to secondary care if cycles are outside normal parameters or conception has not occurred after 1 year of regular unprotected intercourse or 6 cycles of artificial insemination.**

Investigations	Date	
<b>Female</b>		
Regular menstrual cycle (25-42 days)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Serum FSH Level (Day 1-3)		
Serum LH Level (Day 1-3)		
Oestradiol Level (Day 1-3)		
Serum Progesterone (7 days before predicted period)		
Serum Prolactin:		
Serum Testosterone		
TSH		
<b>Male</b>		
Semen Analysis:		
Volume of Sample		
Count		
Motility		
Morphology		

**Other investigations (if previous result available):**

Investigations	Date	Results
Tubal Surgery		
Laparoscopy & Dye		
Hysteroscopy		
Hysterosalpingogram		
Ultrasound		

**Screening tests:**

Test	Screening			
	Female		Male	
	Date	Result	Date	Result
Chlamydia Screening				
Rubella				
Cervical Smear				

**Pregnancy history/child:**

Comments, ie previous pregnancy including outcomes, child, adoption	
Female	
Partner	

BMI	Female	Partner
Weight		
Height		
BMI		

**Referred by:**

Signed	Date
Print Name	