

Fertility Monitoring Unit

To make a referral, please complete ALL sections of this proforma and email to ihn-tr.FertilityReferrals@nhs.net

Patients referred must meet all of the referral criteria as per the Ipswich and East Suffolk CCG subfertility treatment in secondary care T34 policy.

Please note incomplete forms will not be accepted

Initial Referral – for Mr Djavid Alleemudder ONLY

GP/Referrer details	Patient details – all information must be completed	
GP name: \${Referring_doctor}	Name: \${Title_and_surname} \${Forename}	
Practice name: \${Registered_GP_practice_ID}	Address: \${Patient_address}	
Postcode: \${Patient_post_code}	Hospital no:	
Tel no: \${Registered_GP_phone_number}	NHS no: \${NHS_number}	
Fax no: \${Registered_GP_fax_number}	Date of birth (23 – 42 years): \${Date_of_birth}	
Date of decision to refer: \${Todays_date}	Telephone no: \${Patient_home_telephone_number}	
GP/Referrer signature:	Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of infertility: Primary <input type="checkbox"/> Secondary <input type="checkbox"/>	Language:	
Duration of infertility (more than 12 months or earlier if definitive cause known):	Name of partner:	
	Partner's date of birth (< 55 years):	
	Have either had a sterilization reversal?	
	Child welfare concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Do either smoke? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, they must agree to a cessation programme prior to referral)	
Female history		
Past medical/surgical history:		
Female BMI (19-30):		
Menstrual history:		
Obstetric history:		
Male history		
Past medical/surgical history:		
Previous paternities: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Male BMI (<30):		
Semen analysis result (within 12 months)		
Date:		
Volume:		
Concentration:		
Progressive motility:		
Morphology:		
Female investigations to be performed		
Investigation	Date	Result
Day 2 - 5 FSH		
Day 2 - 5 LH		
Day 2 - 5 Oestradiol		
Day 21 Progesterone		
Chlamydia swab		
Rubella status		
Pelvic ultrasound		
TFT, prolactin, testosterone, free androgen index (only if oligomenorrhoea or progesterone < 30)		