

# FORM FOR REFERRAL OF DONCASTER PATIENTS TO CARE - SHEFFIELD

Female Name: \_\_\_\_\_ NHS Number (Female) \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ NHS Number (Male) \_\_\_\_\_

Post Code: \_\_\_\_\_  
 Hospital Number: \_\_\_\_\_  
 Date of Birth (F) \_\_\_\_\_

GP Name and Address: \_\_\_\_\_

No children (in relationship) \_\_\_\_\_ Past relationships (F) \_\_\_\_\_ (M) \_\_\_\_\_  
 Female age at referral \_\_\_\_\_ BMI (F) \_\_\_\_\_ Duration Inf: \_\_\_\_\_ years  
 Previous IVF/DI: YES/ NO Previous sterilisation (M or F) YES / NO  
 NHS or Private Funding: NHS / PP Date of Referral \_\_\_\_\_

**Please enclose copies of most recent results for:**

**Female:**

Rubella:	
Chlamydia Screening:	
Tubal Status: HSG/Laparoscopy	
Ultrasound Scan	

**Male:**

Semen Analysis	
If count < than 5mill/perml)	
Please enclose results of	
Karyotype, Cystic Fibrosis,	
Prolactin, Testosterone, TSH,	
FSH and LH	

**Infertility Category:**

Unexplained  
 Male Factor  
 Multiple

Tubal  
 Ovulatory  
 Other (eg POF for Donor Egg)

**Additional Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Consultant Name: \_\_\_\_\_

**Referral Form for Fertility Assessment and Treatment**  
**In Vitro Fertilisation(IVF)/Intracytoplasmic Sperm Injection (ICSI)**

**EFFECTIVE FROM 1<sup>ST</sup> April 2014 – ALL NEW GP REFERRALS**

**Criteria for Referral for Assessment by Fertility Services:**

1. Please refer to your local CCG policy for details of eligibility criteria for assisted conception treatments including Intrauterine Insemination (IUI), Donor Insemination (DI), Oocyte Donation (OD)
2. In order to refer a couple for assessment by the Fertility services for IVF/ICSI, all questions **MUST** be answered.
3. Any 'No' responses will mean that the couple do **NOT** qualify for other assisted conception treatments (IVF/ICSI).

Woman's Name, Address, DOB    GP Length of subfertility	<b>Form to be completed by GP as part of referral to Fertility Services within Secondary Care.</b>	Partners Name, Address, DOB    GP
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Eligibility Criteria			
Women's Age	Is under 40 years Couples who have self-funded will be entitled to 1 NHS cycle provided they have not received more than 2 cycles Frozen embryo transfers from a privately funded IVF cycle will not be funded by the NHS even if NHS IVF funding has been approved.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Couples will be entitled to 1 NHS IVF cycle provided the woman is Between 40-42 years: a) They have never previously had IVF. b) There is no evidence of low ovarian reserve i.e no greater than 8.9 IU/l c) There has been a discussion about the implications of IVF and pregnancy at this age	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Follicle Stimulation Hormone Levels (FSH)	The woman has a FSH level of no greater than 8.9 IU/l	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Women's BMI	BMI is more than 19 and less than 30	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Structure	The couple has confirmed that neither partner has a living child from current or any previous relationship, excluding foster children. NB: A child adopted by the patient or adopted in a previous relationship is considered to have the same status as a biological child.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Smoking	Both partners confirm that they are non-smoking and understand that they must be non-smoking for at least 28 days before treatment and can confirm that they will continue to be non-smoking throughout treatment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Welfare of the child	The welfare of any resulting children is paramount. In order to take into account the welfare of the child, the centre should consider factors which are likely to cause serious physical psychological or medical harm, either to the child to be born or to any existing children of the family. The couple understand that this is a requirement of the licensing body, Human Fertilization and Embryology Authority., in order to access any fertility treatment.	<input type="checkbox"/> YES	<input type="checkbox"/> NO