

## Fertility Monitoring Unit

To make a referral, please complete ALL sections of this proforma and email to [ihn-tr.FertilityReferrals@esneft.nhs.uk](mailto:ihn-tr.FertilityReferrals@esneft.nhs.uk)

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 Djauid Alleemudder ONLY

GP/Referrer details	
GP Name: (Referring doctor)	
Practice name: (Registered GP practice ID)	
Postcode: (Patient postcode)	
GP tel no:	
GP fax no/email ID:	
Date of decision to refer	
GP/referrers signature: <input type="checkbox"/> <input type="checkbox"/>	
Type of infertility: Primary <input type="checkbox"/> Secondary <input type="checkbox"/>	
Duration of infertility (> 12 months or earlier if definitive cause known)	
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 last 21 months): Please attach a copy of the result	
Date:	
Volume:	
Progressive motility:	
Morphology:	

Patient details - all information must be completed		
Full name		
Address:		
NHS no:		Hospital No:
Date of birth:		
Telephone no:		
Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Language:		
Name of the partner:		
Partner's date of birth:		
Partner's NHS no:		
Have either had sterilisation reversal? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 smoking cessation programme prior to referral		
Female investigations to be completed		
Investigation	Date	Result
Day 2-5 AMH		
Day 2-5 LH		
Day 2-5 Oestradiol		
Day 19-21 Progesterone		
Chlamydia swab		
Rubella status		
Pelvic ultrasound		
TFT, Prolactin, Testosterone, SHBG, free androgen index (only of oligomenorrhoea/ progesterone <30)		