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| WFI Logo | IUI REFERRAL FORM  | Operational Forms and Record Sheets |

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| **Wales Fertility Institute****Neath Port Talbot Hospital****Tel: 01639 862698** | **Wales Fertility Institute****University Hospital of Wales, Cardiff****Tel: 02921 843047** |

This referral form should be sent to our central referral office at:

SBU.referrals.wfi@wales.nhs.uk

WFI is a two site service and whilst we will endeavour to offer patients treatment within their nearest area of residence we hold a central waiting list and patients may be offered consultation and subsequent treatment if accepted at our alternative site.

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| Name of referring clinician | Click or tap here to enter text. |
| Hospital/Referral Centre [including postcode] | Click or tap here to enter text. |
| Referral date | Click or tap here to enter text. |
| Patient IDClick or tap here to enter text. | Partner ID (if applicable)Click or tap here to enter text. |
| Tel: (home) Click or tap here to enter text. | Tel: (home): Click or tap here to enter text. |
| Tel: (mobile) Click or tap here to enter text. | Tel: (mobile): Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Email: Click or tap here to enter text. |

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| **REFERRER** |
| Name of referring clinician | Click or tap here to enter text. |
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| Referral date | Click or tap here to enter text. |

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| **MEDICAL HISTORY** |
| Diagnosis and Duration | Click or tap here to enter text. |
| How many clomiphene/tamoxifen or Letrozole cycles taken/ongoing | Click or tap here to enter text. |

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| **ELIGIBILITY CRITERIA****The patient must conform to all below eligibility criteria to enable referral ✓** **Please see criteria attached [for information]**  |
| Referral accepted up to female age of 39 years and 6 months, no treatment start after 40 years |[ ]
| Demonstrable cause of subfertility or unexplained subfertility (negative full investigations) > 2 years |[ ]
| No child together for couples. No biological or adopted child for single women.  |[ ]
| BMI of the female patient is at least 19 and is up to and including 30 by the time of referral |[ ]
| Neither of the couple [if applicable] is smoking or using E Cigs with nicotine OR have stopped smoking for 3 months |[ ]
| No IUI treatment offered after one failed or cancelled IVF cycle (NHS or Private) for poor ovarian response |[ ]
| Couple [if applicable] confirms to HFEA code of practice. Including the consideration of the welfare of the child which may be born. |[ ]
| Patients may be expedited on the waiting list for following reasons:* Age > 36 years
* Post-surgical treatment of endometriosis
* Post Ovarian drilling for resistant PCOS
* In special circumstances – please write to WFI Clinical Director
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| If clinically appropriate up to three completed cycles are offered on the NHS [cancelled cycles for poor/over response are not included in this total] |

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| **FEMALE** | Date of Test within last year | Result please include copies of investigations |
| Chlamydia | Click or tap here to enter text. | Click or tap here to enter text. |
| Gonorrhoea | Click or tap here to enter text. | Click or tap here to enter text. |
| Rubella – Pt confirms immunisation is up to date Or evidence of 2 imms Or Serology | Click or tap here to enter text. | Click or tap here to enter text. |
| Progesterone [Mid Luteal] | Click or tap here to enter text. | Click or tap here to enter text. |
| FSH [Day 2 – 5] | Click or tap here to enter text. | Click or tap here to enter text. |
| TSH |  |  |
| Pelvic assessment by: Laparoscopy, HSG, HyCoSy(please tick)  | **L -Tube** Patent/Non Patent [ ]  | **R -Tube** Patent/Non Patent [ ]  |
| Must have bilateral tubal patency. Single patent tube or any tubal compromise will not be eligible. |

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| **MALE** | Date of Test within last year | Result please include copies of investigations |
| Chlamydia | Click or tap here to enter text. | Click or tap here to enter text. |
| Gonorrhoea | Click or tap here to enter text. | Click or tap here to enter text. |
| Semen analysisCriteria for SA – Total Motile Sperm Count (TMSC) >20million sperm.Where TMSC = Sperm Concentration (million/ml) x Semen Volume (ml) x Progressive Motility (a+b) % | Click or tap here to enter text. | Click or tap here to enter text. |