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|  | **IVF Referral Form** **Wales Fertility Institute, Neath Port Talbot Hospital****Baglan Way, SA12 7BX****Tel: 01639 862698** | **Operational Forms and Record Sheets** |

**PLEASE SEND COMPLETED REFERRAL TO** **SBU.Referrals.WFI@wales.nhs.uk**

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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 ID**Click or tap here to enter text. | **Partner ID (if applicable) – please include home address**Click or tap here to enter text. |
| **Tel**: Click or tap here to enter text. | **Tel**: Click or tap here to enter text. |
| **Email**: Click or tap here to enter text. | **Email**: Click or tap here to enter text. |
| **VISA Share Code (required for all visas):** Click or tap here to enter text. | **VISA Share Code (required for all visas):** Click or tap here to enter text. |

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| **ELIGIBILITY CRITERIA - Patients MUST conform to ALL below eligibility criteria**  |
| Patients have permanent residency status in UK, or valid visa with access to public funds (please check and provide share code above where applicable), AND | [ ]  |
| Lead Patient age >20 years and <43 years at time of **treatment**, AND | [ ]  |
| Male Age <55 years, AND | [ ]  |
| Couples MUST be in an intimate relationship for a minimum ot 12 months, AND | [ ]  |
| BMI of Lead patient is between 19 and 30 (inclusive) at time of referral, or if less than 19 is ovulating normally, AND | [ ]  |
| Patient(s) is/are a Welsh resident, AND | [ ]  |
| At least one partner does not have any existing children; biological or adopted, AND | [ ]  |
| Non-smoking / not using E-Cigarettes with nicotine / have stopped smoking for at least 3 months OR accepted participation in smoking cessation programme, AND | [ ]  |
| If there is a history of previous IVF treatment; * If Lead Partner is under age 40 years at time of referral: no more than **2** previous cycles of IVF by either partner.
* If Lead Partner is age 40 years or over at time of referral: **no** previous cycles of IVF by either partner. AND
 | [ ]  |
| No evidence of previous or planned sterilisation or vasectomy, AND  | [ ]  |
| For cases of unexplained infertility; it is demonstrated that the couple has not conceived after 2 years of regular, unprotected sexual intercourse (can include up to 1 year prior to fertility investigations), AND | [ ]  |
| Individual/Couple conforms to HFEA Code of Practice, including the consideration of the welfare of the child that may be born. | [ ]  |
| **REASON FOR REFERRAL** |  | **Any Other Information Relevant to Referral**  |
| Unexplained Infertility | [ ]  |  | *e.g., Previous surgery, Tubal Patency testing, Endometriosis, PCOS, etc.*Click or tap here to enter text. |
| Tubal Disorders | [ ]  |  |
| Ovulation Disorders | [ ]  |  |
| Reduced Ovarian Reserve | [ ]  |  |
| Endometriosis | [ ]  |  |
| Uterine problems | [ ]  |  |
| Male Factor Infertility | [ ]  |  |
| Same sex relationship/Single | [ ]  |  |
| Other - including coital failure | [ ]  |  |
| Fertility Preservation | [ ]  |  |

**PART A: Eligibility Criteria**

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| **CRITERIA** | **LEAD PATIENT** | **PARTNER** |
| **AGE at time of referral** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Weight** | Click or tap here to enter text. | If known: Click or tap here to enter text. |
| **Height** | Click or tap here to enter text. | If known: Click or tap here to enter text. |
| **BMI** | Click or tap here to enter text. | If known: Click or tap here to enter text. |
| **Smoking Status:** | Non Smoker: [ ] Smoker (including E-Cigs): [ ] Ex-smoker [ ]  / Date of Cessation:Click or tap here to enter text. | Non Smoker: [ ] Smoker (including E-Cigs): [ ] Ex-smoker [ ]  / Date of Cessation:Click or tap here to enter text. |
| **Number of previous IVF/ICSI cycles:** | NHS cycles: Click or tap here to enter text.Private cycles: Click or tap here to enter text. | NHS cycles: Click or tap here to enter text.Private cycles: Click or tap here to enter text. |
| **Date first seen by GP for fertility reasons** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Any existing children (biological or adopted)?**  | No [ ] Yes [ ] From this relationship [ ] From previous relationship [ ]  | No [ ]  Yes [ ] From this relationship [ ] From previous relationship [ ]  |
| **Member of the Armed Forces Compensation Scheme (AFCS)?** | No [ ] Yes [ ]  | No [ ] Yes [ ]  |
| **Previous Sterilisation/Vasectomy** | No [ ]  Yes [ ]   | No [ ]  Yes [ ]  |
| Are there any illnesses or social issues that could have a bearing on the welfare of any child born as a result of IVF treatment, including criminal convictions or domestic violence?Click or tap here to enter text. |

**PART B: Investigation Results**

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| **LEAD PATIENT** | Date of Test  | Result  |
| Rubella – Patient 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. |
| Smear up to date and normal | Click or tap here to enter text. | Click or tap here to enter text. |
| Serum LH (**Day 2-5** of menstrual cycle) **(within last 3 months)** | Click or tap here to enter text. | Click or tap here to enter text. |
| Serum FSH (**Day 2-5** of menstrual cycle) **(within last 3 months)** | Click or tap here to enter text. | Click or tap here to enter text. |
| Serum TSH (within last 12 months) | Click or tap here to enter text. | Click or tap here to enter text. |
| Prolactin (within last 12 months) | Click or tap here to enter text. | Click or tap here to enter text. |
| Serum AMH (if available) | Click or tap here to enter text. | Click or tap here to enter text. |

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| **MALE PARTNER (if applicable)** |
| Previous Semenology (within last 12 months) | Date of Test | Site (WFI/ Other) | Volume | Concentration | Motility | Normal Morphology |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |