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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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| **REFERRER** |
| 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. |
|  **ELIGIBILITY CRITERIA****The patient must conform to all below eligibility criteria to enable referral**  |
| Female Age >20 and <43 at time of treatment **AND** |
| Male Age < 55 **AND** |
| Couples must have been cohabiting in a stable relationship for a minimum of 2 years |
| For cases of unexplained infertility, it is demonstrated that the couple has not conceived after 2 years (this can include up to a 1 year before their fertility investigations) of regular unprotected sexual intercourse.  |
| No more than 2 previous cycles of IVF by either partner if lead female age is <40 and no previous cycles of IVF by either partner if lead female age is >40 **AND**  |
| At least one of the couple does not have any existing children, biological or adopted **AND** |
| Body Mass index of lead female patient is between 19 and 30 or if less than 19 is ovulating normally **AND** |
| No evidence of previous or planned sterilisation **AND** |
| Patients are not smoking or vaping nicotine at treatment (accepted participation in smoking cessation programme at referral) **AND** |
| Conforms to HFEA code of practice **AND** |
| Patient is a Welsh resident |
| Criteria for expedite(Please tick) |
| Age >36years [ ]  | Advanced endometriosis (G3 or 4) Post advanced endometriosis surgery [ ]  | Low ovarian reserve[ ]  | Gender Dysphoria[ ]  |
| Azoospermia [ ]  | Bilateral tubal block[ ]  | Inability to have intercourse[ ]  | Fertility Preservation[ ]  |

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| **PART A ELIGIBILITY CRITERIA** |
| **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. |
| Number of previous NHS IVF/ICSI cycles | Click or tap here to enter text. | Click or tap here to enter text. |
| Number of previous PRIVATE IVF/ ICSI cycles | Click or tap here to enter text. | 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. |
| Please tick reason for referral | Please tick for the following elements |
|  |  | Lead Female | Partner |
| Unexplained infertility [ ]  | Any children from: | 1. This relationship |[ ] [ ]
|  |  | 2. Previous relationship |[ ] [ ]
| Tubal Disorders [ ]  | Previous Sterilisation/vasectomy |[ ] [ ]
| Ovulation disorders [ ]  | Smoker (including E Cigs) |[ ] [ ]
| Reduced ovarian reserve[ ]  | Ex-smoker ((Date of Cessation) |[ ] [ ]
| Endometriosis[ ]  | Veteran that is a recipient of Armed Forces Compensation Scheme (AFCS) |[ ] [ ]
| Uterine problems[ ]  | 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 incl. criminal convictions or domestic violenceClick or tap here to enter text. |
| Male factor infertility[ ]  |  |
| Same sex relationship/ Single[ ]  |  |
| Other – Including Coital failure[ ]  |  |
| Fertility preservation[ ]  |  |

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| **PART B INVESTIGATION RESULTS** |
| **Lead Female** | **Date**  | **Result** |
| 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. |
| 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 the 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 the last 3 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. |
| Serum TSH ***(within the last 12 months)*** | Click or tap here to enter text. | Click or tap here to enter text. |
| Prolactin ***(within the last 12 months)*** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Partner** |
| Previous Semenology (within past 12 months) | Date | 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. |
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| **ANY OTHER RELEVANT INFORMATION – PREVIOUS SURGERY, TUBAL PATENCY TESTING, ENDOMETRIOSIS, PCOS ETC** |
| Click or tap here to enter text. |

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