**Northern Region Fertility Service (NRFS)** Private Bag 93-503,Tapakuna

Auckland 0622

Waitemata DHB

37 Taharoto Road

 Takapuna, Auckland 0622

**Referral Form - FSA for fertility**

ph: 4 86 8920 ext 43848 fax: 486 2710

**Date referral received at NRFS:** / /

**Previously referred?:**

**GP / Referrer and address:**

|  |  |
| --- | --- |
|  | Yes **Date** / / |
|  | No |

|  |
| --- |
| **Woman’s details: Partner’s details** |
| **First Name** |  |  | **First Name** |  |
| **Last Name** |  | **Last Name** |  |
| **DOB** |  | **DOB** |  |
| **NHI** |  | **NHI** |  |
| **Phone No.** |  | **Phone No.** |  |
|  **Address** | **Gender** |  |
|  |

**Reason for referral**

|  |  |
| --- | --- |
|  | Infertility |
|  | Fertility Preservation |
|  | PGD |

**If Infertility**

 **Gravidity**

 **Parity**

**Height m**

**Woman smoking**

|  |  |
| --- | --- |
|  | Never |
|  | Past (> 3 months) |
|  | Current |

**Weight kg**

**Previously received public funded fertility treatment**

|  |  |
| --- | --- |
|  | Duration (months) |
|  | Anovulation/irregular periods |
|  | Severe sperm factor |
|  | Known tubular disease |
|  | Children to relationship |
|  | Children living at home |

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**Partner smoking**

|  |  |
| --- | --- |
|  | Never |
|  | Past ( > 3 months) |
|  | Current |

**Interpreter?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**If yes, specify language**

**History**

Free text; examples mumps, testicular surgery in males, history of periods, previous operations and pelvic infections in women;

past fertility history and treatments

**Indicate following tests have been completed - test results do not need to be attached (just completed);**

|  |  |
| --- | --- |
|  | Semen analysis, repeat in 4-6 weeks unless totally normal |
|  | Prolactin and thyroid function if irregular cycles |
|  | FSH and E2 between days 2-4 of the cycle |
|  | Male and female HIV, Hep B, Hep C |
|  | Female VDRL, TPHA, Rubella |
|  | Pre-pregnancy HbA1c screen |