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FEMALE PATIENT REGISTRATION FORM

Information required on this form is compulsory and is a requirement of the Human Fertilisation & Embryology Authority (HFEA). **If these fields are not completed, treatment cannot commence.**

PLEASE, COMPLETE IN BLOCK CAPITAL LETTERS

Date:

YOUR DETAILS

Title: Mr / Mrs / Miss / Ms / Dr / Other

Current Forename(s):

Work Telephone:

Current Surname:

Email:

Surname at birth (if different):

Occupation:

Date of birth:

Marital Status: Married / Co-habit / Single /
Widowed / Civil Partnership

Town of birth:

NHS/Passport/ID number

Country of issue

Do you have a disability?

Have you travelled in a [Zika virus](#) affected area in the last six months? (If unsure please ask our staff for a list)

Have you travelled from abroad? Yes / No

Please note UK government advise couples not to conceive within 8 weeks of travel to Zika affected areas

Home Telephone:

Mobile Telephone:

Do you require a chaperone? Yes/No

Current Home Address:

Insurance company:

GP details:

Address:

Telephone:

Where did you hear about us?

FGA 57a Wimpole Street
London W1G 8YP
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Fax: +44 (0)20 7224 1550
info@fertility-academy.co.uk
www.fertility-academy.co.uk

EMERGENCY CONTACT DETAIL

| | | |
|-----------------|----------------------|---------|
| Contact name: | Relation to patient: | |
| Home telephone: | Work telephone: | Mobile: |

OBSTETRIC HISTORY

Total number of previous natural pregnancies:
 Total number of natural live births:
 Total number of previous IVF pregnancies:
 Total number of IVF live births:
 Total number of Donor Insemination pregnancies:
 Total number of Donor Insemination births:
 Duration of infertility:

CAUSE OF INFERTILITY/REASON FOR TREATMENT (MORE THAN ONE MAY APPLY)-Please tick

| | | |
|-----------------|-------------------------------|------------------|
| Tubal disorders | Endometriosis | Uterine Problems |
| Ovarian Failure | Avoidance of genetic disorder | No male partner |
| Other | | |

Ethnic group-Please tick

| | | | | |
|------------------------|-----------------------|---------------------|------------------|-------|
| White | British | Irish | Eastern European | Other |
| Mixed | White&Black Caribbean | White&Black African | White&Asian | Other |
| Black or Black British | Caribbean | African | Other | |
| Asian or Asian British | Indian | Pakistani | Bangladeshi | Other |
| Chinese | Chinese | Japanese | Other | |

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I/We confirm that the information given above is true and accurate.

I/We confirm that I/We have read and understand The Fertility and Gynaecology Academy's Privacy Policy

| | |
|--------------------|--------------------|
| Patient name: | Partner name: |
| Patient signature: | Partner signature: |
| Date: | Date: |