

Mr Amin Gorgy FRCOG, MSc Director  
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## MALE 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 /

Town of birth:

Widowed / Civil Partnership

NHS/Passport/ID number

Country of issue

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

Do you have a disability?

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?

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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:

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	

Our Privacy Policy can be accessed at on our website: <http://www.fertility-academy.co.uk/cookies-and-privacy-policy/>

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: