FEMALE PATIENT REGISTRATION FORM

- This form is required by the Human Fertilisation & Embryology Authority(HFEA).
- Treatment cannot commence until all mandatory fields are filled.
- Please provide the relevant details exactly as shown on your passport, ID, or driving license.

PERSONAL DETAILS

Date:

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

Current Forename(s)*:

Current Surname*: Surname at Birth (if different):

Date of Birth*: Country of Birth*:

Passport/ID Number*: Country of Issue*:

NHS Number:

Please provide separate mobile number and email address from your partner, as this will be used for electronic consents

Home Telephone:

Mobile Telephone*:

Work Telephone:

Email*:

Home Address*:

Occupation:

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

If not married or in civil Partnership, are you married to someone else*? Yes / No

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Height (meters)*: Weight (Kgs)*:

Do you have a disability*?

Do you require a chaperone*? Yes / No

Insurance company:

GP Name:

GP Telephone: GP Address:

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

Have you travelled in a **Zika or Ebola virus** affected area in the last six months*? (If unsure please ask our staff for a list or check www.gov.uk website) Yes, Zika Virus affected area / Yes, Ebola Virus affected area / No

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How did you hear about us?

EMERGENCY CONTACT DETAILS

Contact name: Relation to patient:

Mobile Telephone:

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 (TICK/ ADD ALL THAT APPLY)

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

ETHNIC GROUP (PLEASE TICK)

Asian or Asian British	**Black, Black British, Caribbean or African**	**Mixed or multiple ethnic groups**	**White**	**Other ethnic group**
Indian	Caribbean	White and Black	English, Welsh, Scottish, Northern Irish or British	Middle Eastern
Pakistani	African	White and Asian	Irish	Arab
Bangladeshi			Gypsy or Irish Traveller	
Chinese			Roma	
Other Asian background	Other Black background	Other Mixed background	Other White background	Any other ethnic group

Our Privacy Policy can be accessed at on our website: *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
- I/ We confirm that I/We have read and understood The Fertility and Gynaecology Academy Terms and Conditions.
- I/ We confirm that I/We have read and understood The Fertility and Gynaecology Academy Complaints procedure.

Patient name:	Partner name:
Patient signature:	Partner signature:
Date:	Date: