

	Male Patient Registration Form	Ref	NURSEFORM11	Approver	A Gorgy
		Pages	2	Status	Approved
		Revision	As on SharePoint	Issued	As on SharePoint

MALE 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

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

How did you hear about us?

Hard copies of this document are uncontrolled

	Male Patient Registration Form	Ref	NURSEFORM11	Approver	A Gorgy
		Pages	2	Status	Approved
		Revision	As on SharePoint	Issued	As on SharePoint

EMERGENCY CONTACT DETAILS

Contact name:

Relation to patient:

Mobile Telephone:

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:

	Male Patient Registration Form	Ref	NURSEFORM11	Approver	A Gorgy
		Pages	2	Status	Approved
		Revision	As on SharePoint	Issued	As on SharePoint