Manchester University
NHS Foundation Trust

Department of Reproductive Medicine
Old Saint Mary's Hospital
Oxford Road
MANCHESTER
M13 9WL

Tel 0161 276 6000

Dear Patient

Please read this letter carefully as it contains important information.

Firstly, may I welcome you to Saint Mary's Hospital where you have been referred for a fertility assessment. As part of the assessment you may be offered appropriate tests followed by a consultation where we will be able to advise you on your treatment options. We appreciate you may have had tests elsewhere. However, the tests we recommend are specific and based on the information provided in your referral letter to us.

What do you need to do next?

1. **Complete the attached Registration Questionnaire** - The first stage of the process requires you to complete the attached questionnaire. We use this questionnaire to assess whether patients are eligible to NHS funded treatment.

   It is important that you answer all the questions on the attached questionnaire, otherwise it will be returned to you for completion which will delay your treatment.

   Please ensure the questionnaire is completed and attached to the referral letter as we will not be able to progress your referral

   Please start or continue to take Folic Acid 400 mcg daily and Vitamin D 10mcg daily in preparation for pregnancy.

What happens next?

When we have received the referral letter and completed questionnaire, a consultant will triage the referral letter and indicate if you or your partner are required to have any further investigations. If further investigations are required we will contact you to arrange these. When we have the investigation results or if you are not required to have any investigations we will write to offer you an appointment for a consultation with one of our clinicians.

Overseas

If you were not born in the United Kingdom we may have to refer you to the overseas department in Saint Mary's Hospital for them to check if you are eligible for NHS funded treatment/assisted conception treatment.

What happens at the consultation appointment?

At your consultation, a member of our medical team will take your history, review any investigation results and advise you about your treatment options. You may need further appointments depending on which option is chosen.

Are you eligible for NHS-funded IVF treatment?

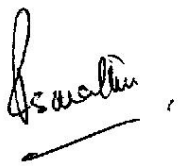
We cannot tell you this until your consultation appointment, when your assessment is complete. Eligibility criteria for NHS-funded assisted conception treatment are determined by your Clinical Commissioning Group (CCG) and differ from one area to another. In order to determine whether you are eligible for NHS-funded treatment, we need to assess factors such as your age, weight, lifestyle, existing children and the number of previous fertility treatments you have received. **NHS funded treatment can only be offered if you meet all the criteria laid down by your CCG. If you wish to know the exact details of the criteria in your area please contact your GP or CCG**. Please note that we do not have the authority to provide NHS-funded treatment to couples who do not meet the criteria laid down by the CCG.

What happens if you are not eligible for NHS-funded treatment?

If you are not eligible for NHS-funded assisted conception treatment, we may be able to offer you some investigations and expert advice on your options. We also offer a fee-paying service for patients who are not eligible for NHS funding.

Finally, we offer fertility services to both couples and individuals. For couples whilst we fully recognise that you will be making your journey through our service together, in order to manage your pathway effectively all future correspondence will be addressed to the female partner who will be the recipient of any potential treatment offered.

Yours sincerely



Dr. Raj Mathur
Consultant Gynaecologist/Head of Reproductive Medicine

NHS
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PATIENT

Mr/Mrs/Miss/Ms/Dr/Other Please circle appropriate	Surname/Last Name ……	Forename(s)/First name (s) ……
Previous Name or Name at Birth if different from current Surname: ……		State gender (if you wish to): ……
Are you married / in a civil partnership with the person you are being treated with? Yes / No. If NO please state your relationship…… Are you married / in a civil partnership with any other person than the person you are being treated with? Yes / No, If so please state their Name: ……		NHS Number (Please ask you GP if you do not know) ……
Occupation: ……	Date of Birth: ……	Age: ……
Address: …… ……		Postcode: ……
Religion: ……	Ethnicity (please see form attached): ……	Town & Country of Birth: ……
Have you been living legally in the UK for the last 12 months Yes / No	Can you show that you have the right to receive NHS treatment free of charge? Yes / No	Type of Visa: ……
Telephone No. Home ……	Telephone No. Work ……	Telephone No. Mobile ……
Email ……		
GP Name & Address: …… ……		

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PARTNER

Mr/Mrs/Miss/Ms/Dr/Other Please circle appropriate	**Surname/Last Name**	**Forename(s)/First Name (s)** .....
Previous Name or Name at Birth if different from Surname:		**State gender (if you wish to):** .....
Are you married / in a civil partnership with the person you are being treated with? Yes / No. If NO please state your relationship..... **Are you married / in a civil partnership with any other person than the person you are being treated with? Yes / No, If so please state their Name:**		**NHS Number (Please ask you GP if you do not know)** .....
Occupation:	**Date of Birth:**	**Age:** .....
Address:		**Postcode:** .....
Religion:	**Ethnicity (please see form attached):**	**Town & Country of Birth:** .....
Have you been living legally in the UK for the last 12 months **Yes / No**	**Can you show that you have the right to receive NHS treatment free of charge?** **Yes / No**	**Type of Visa:** .....
Telephone No. Home	**Telephone No. Work**	**Telephone No. Mobile** .....
Email		
GP Name & Address:		

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ELIGIBILITY CRITERIA - All patients please complete this section to ensure your treatment is not delayed

Patient Weight: ……		Patient Height: ……	
If your BMI (Body Mass Index) is below 19 or above 30 this may affect your fertility and your eligibility for treatment			
Do you smoke? Patient:	Yes / No	Partner:	Yes / No
Smoking can affect your fertility; therefore we advise that both patient and partner stop smoking. The CCG will not fund NHS assisted conception treatment if you smoke			
Have you had IVF treatment either NHS or self- funded?	Yes / No	If Yes, how many IVF treatment cycles have you had either NHS or Self-funded?	NHS…… Self-Funded……
Have you had IUI treatment either NHS or self-funded?	Yes / No	If Yes, how many IUI treatment cycles have you had in a fertility clinic (home inseminations are not counted)?	NHS…… Self-Funded……
If Yes, did you have IVF treatment at Saint Mary's Hospital?	Yes / No	If Yes, did you have IUI treatment at Saint Mary's Hospital?	Yes / No
If you have had IVF/IUI before please obtain a copy of your notes and bring them to your appointment (if not treated at saint Mary's Hospital)			
How long have you lived together?	…… years	How long have you been trying for a baby in this Relationship?	…… years
Do you have any Children (including adopted)? Patient:	Yes / No	Partner:	Yes / No
Have you had previous Sterilisation/Vasectomy? Patient:	Yes / No	Partner:	Yes / No
Female patient - Have you had 2 doses of MMR Vaccine?			Yes / No
If the answer is no or you are unsure, please see your GP to arrange MMR Vaccine			
Female patient – Please ensure that you are up to date with your cervical smears			Yes / No

IF YOU HAVE HAD ANY PREVIOUS INVESTIGATIONS, PLEASE BRING COPIES OF THE RESULTS TO YOUR APPOINTMENT AS WE ARE NOT ABLE TO ACCESS YOUR INVESTIGATIONS

Do you and your partner understand and speak English? Yes / No

If you have answered No, what is your spoken language? ……

Signed Patient……Partner……

Date……

PLEASE COMPLETE ALL QUESTIONS
PLEASE INFORM US IF ANY OF YOUR DETAILS ABOVE CHANGE, FOR EXAMPLE: YOUR MARITAL STATUS, YOUR GENDER, YOUR ADDRESS. THIS IS FOR REGISTRATION PURPOSE AND CORRECT CORRESPONDENCE