

# ARGC REGISTRATION FORM

(office use only)

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Please note that a registration fee of £50 is required.

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Female

Male

	Female	Male
Surname		
First names		
Town/Country of birth		
Any other names by which you are known		
Next of kin		
Contact no		
Name and address of family Doctor		
Doctors Tel No.		
Name and Address of Referring Doctor/Consultant		
Tel No of referring Doctor/Consultant		

Passport number (*HFEA requirement)		
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Current Address
Telephone no. (home)
Telephone no. (work)
Mobile phone no.

## Pre-consultation information

	Female	Male
Name		
Date of Birth		
Marital status		
Occupation		
Contraception		
Duration of time you been trying to conceive		

Have you had any previous infertility investigations and treatment?  
if yes, please give brief details.

(It would be most helpful if copies of any investigations or treatment could  
be obtained from your GP/Clinic and sent with this registration.)

### Medical History - female

At what age did your periods start? \_\_\_\_\_

How long do your periods currently last? \_\_\_\_\_ **days**

How many days between the start of your period and the next one? \_\_\_\_ **days**

Is your blood loss **heavy** \_\_\_\_ **medium** \_\_\_\_ **light** \_\_\_\_\_?

Do you take pain relief during your period? If so, how often? \_\_\_\_\_

What was the date of your last period? \_\_\_\_\_

Please indicate the number, if any, of pregnancies you have had in the past.

**Term delivery** \_\_\_\_ **Preterm delivery** \_\_\_\_

**Miscarriage** \_\_\_\_ **Ectopic** \_\_\_\_

**Termination** \_\_\_\_

Have you had an anaesthetic before?      **yes** \_\_\_ **no** \_\_\_

If yes, were there any problems your were aware of? (please give brief details)

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Have you had any operations or serious illness in the past? If so please give brief details.

**Female**

**Male**

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Are you aware of any history of genetic/hereditary illness in your family?

**Yes** \_\_\_ **No** \_\_\_

If yes, please give brief details.

**Female**

**Male**

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## Personal history

	Female	Male
Smoking : #per day		
Alcohol: units/week		
Allergies		
Date of last Cervical smear test		Not applicable
Have you had any abnormal smear test results?		Not applicable

Before you can have treatment at the ARGC we need the results of various blood tests. We can organise these for you on the day of consultation. Alternatively, your GP may be able to organise these tests for you so that you can send the results to us or bring the results with you.

The tests required are as follows: -

For both partners      HIV  
                                  Hepatitis C  
                                  Hepatitis B

For the female Rubella status  
                                  Full blood count (Haemoglobin)

The hormones levels below to be taken all together on day 1-3 of your period:-

Lutenising Hormone (LH)  
Follicle Stimulating Hormone (FSH)  
Oestrogen (E2)  
Prolactin (PRL)  
Also if possible (APLA) anti phospholipid antibodies