

FERTILITY INVESTIGATIONS – please complete *before* referral

Name: DOB:

Partner's name: DOB:

FEMALE

Height: Weight: BMI:

(Fertility treatment not advised if BMI>30 – see below)

Cervical smear:

C.Trachomatis swab:

Rubella and chlamydia serology:
(Single red-topped tube)

Luteal phase progesterone:
(Red-topped tube)
(Taken 7 days before a bleed. Repeat if next menses late/early and level low).

IF irregular cycle, **OR** clinical indication:

Prolactin
TFT's
Day 3 FSH/LH and testosterone

Please confirm no concerns regarding welfare of any existing or future children for either partner:

Remember **preconceptual care**: stop smoking; optimise BMI, **0.4 mg folic acid**.

Prescribe **5mg folic acid** if history of neural tube defect, epileptic, diabetic, **BMI>30**.

As well as reduced fertility, **BMI>30 associated with an increased risk of a number of serious adverse pregnancy outcomes including**: miscarriage, congenital fetal anomaly, thrombo-embolism, gestational diabetes, pre-eclampsia, dysfunctional labour, post-partum haemorrhage, wound infections, stillbirth and neonatal death. (CMACE/RCOG Joint Guideline March 2010)

Please attach at least one semenalysis result (see lab. information sheets).