



	Woman	Partner
Name		
DOB		
NHI		
Phone		
Address		

PLEASE COMPLETE THE FOLLOWING TESTS

Woman	Male Partner
<input type="checkbox"/> History, examination	<input type="checkbox"/> History, examination
<input type="checkbox"/> FSH, LH and estradol day 2 of cycle	<input type="checkbox"/> Semen analysis
<input type="checkbox"/> Progesterone 5-9 days before expected period	<input type="checkbox"/> Repeat in 4-6 weeks if abnormal
<input type="checkbox"/> Antenatal screen, HIV, Hep C	<input type="checkbox"/> HIV, Hep B antigen, Hep C

Patients are eligible for a publicly funded consultation on meeting any of the following criteria (please tick the appropriate box):

- Duration of infertility more than 18 months, or less if the woman's age is more than 35, or
- Significant semen problem, or
- Woman: Pelvic pathology or surgery, sever cyclical pain or STI, or
- Man: Urogenital pathology or surgery or STI, or
- Any abnormality in examination or investigation

PRIVATE CONSULTATIONS ARE AVILABLE AT ANY STAGE OF INVESTIGATION

Summary of clinical history

*Please attach test results and all relevant information

Referring Doctor's name: _____ Phone: _____ Date _____

- Fertility Associates Tauranga – Central Med, 434 Devonport Rd, PO Box 598 Hamilton 3240
- Phone: 07 839 2603 Free call: 0800 10 28 28 (from landline) Fax: 07 839 2604
- Email: fah@fertilityassociates.co.nz Electronic Referral via Health Link mail box: fertham
- Web: www.fertilityassociates.co.nz