Northern Regional Fertility Service

Northern Regional Fertility Service is jointly provided by Fertility Plus and Fertility Associates

Patient	Partner
First name:	
Last name:	
DOB:	
Address:	
Phone (Hm):	(Wk):
Specify DHB of domicile:	

☐ Needs an interpreter Specify Language.....

☐ I understand that both partners are eligible for publicly funded medical treatment in New Zealand

TO THE NORTHERN REGIONAL FERTILITY SERVICE, BOX 24 587, ROYAL OAK, AUCKLAND for:

☐ Public fertility consultation, meeting the criteria outlined opposite

(Public referrals are allocated between Fertility Associates and Fertility Plus (NRFS))

Summary of Clinical History

Please attach results of investigations

REFERRING DOCTOR Name: .....

Date: ..... Ph: ( ) ..... Fax: .....

Northern Regional Fertility Service, P.O. Box 24 587,
Royal Oak, Auckland. Ph: (09) 623 4609 Fax: (09) 630 9874

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ELIGIBILITY CRITERIA FOR PUBLICLY FUNDED REFERRALS TO NRFS FOR BIOLOGICAL INFERTLITY

- NZ Resident (or work permit for ***at least 2 years***)
- Woman's age is <40 at date of referral
- Woman's BMI is <32
- Smoking cessation of >3months duration
- One year duration of infertility or known severe cause

FOLLOWING BLOOD TEST RESULTS *MUST* BE ATTACHED TO THE REFERRAL

- Semen Analysis
- Ante natal screening plus current smear
- HIV, Hep B, Hep C status (male & female)
- FSH and oestradiol level day 2-4 of cycle (current within 6 months)
- Progesterone level 6-8 days before menses

REFERRER NEEDS TO

- Check women's health with respect to carrying a pregnancy.
- Physically examine the woman (and man) if appropriate.