Personal information form

Complete this form if you are the male partner of the person receiving treatment.
Enter and check your personal information very carefully. Use your full legal name and other details as appear on your ID document, they will be used on all legal and medical consent forms.

NB if these details are not correct your forms will need to be completed again, causing delays. Please have your ID documents to hand when completing this form.

1 Your Details

Enter your details as they appear on your I.D. document. Please ensure these details are accurate.

1.1 Title:

1.2 First name:

1.3 Middle name:

1.4 Your surname:

1.5 Surname at birth (if different):

1.6 Date of birth:

1.7 Occupation: *

1.8 Sex:

☐ Female ☐ Male

Gender identity:

☐ Female ☐ Male ☐ Other

I would like to be referred to as:

1.9 Please select the marital status that best suits your current situation:

a) I am legally married or in a civil partnership with the person I am seeking fertility treatment with:

☐ Legally married ☐ Civil partnership

b) I am **not** legally married or in a civil partnership with the person I am seeking fertility treatment with:

☐ Cohabiting ☐ Other

c) I am legally married or in a civil partnership with **someone other** than the person I am seeking fertility treatment with:

☐ Separated (but still legally married) ☐ Other

1.10 I am **not** legally married, in a civil partnership or cohabiting with the person I am seeking fertility treatment with, but we will be co-parenting any child or children born:

☐ Yes ☐ No

Legally Married – Marriage is a legal relationship entered into by a couple which is registered and is recognised as valid by UK law.

Civil Partnership - A civil partnership is a legal relationship entered into by a couple which is registered and is recognised as valid by UK law.

Cohabiting - A couple who are living together in a long-term relationship, which resembles a marriage. Technically, 'cohabitants' can refer to any number of people who are living together, but a cohabiting couple are usually defined as a couple who are not married or in a civil partnership but who are living together.

Separated – You are living apart from your partner, but you're still legally married or in a civil partnership with them.

See: GOV.UK Marriage, civil partnership and divorce: https://www.gov.uk/browse/births-deaths-marriages/marriage-divorce

1. Your Details Continued

Enter your details as they appear on your I.D. document. Please ensure these details are accurate.

1.1 Mobile phone:

1.12 National Health Number

1.13 Confirm your email address

2. Referral and GP Details

2.1 Who referred you to the Clinic?

☐ Consultant ☐ GP ☐ Self-referral

Please provide their contact details:

Title:

First name(s):

Surname:

Street address:

Postcode:

Contact number:

2.3 Your GP details: *

Title:

First name(s):

Surname:

Street address:

Postcode:

Contact number:

2.4 Have you been treated at this clinic previously?:

☐ No ☐ Yes

2 Referral and GP Details Continued

2.5 Have you been treated at another UK clinic?:

☐ No ☐ Yes

If yes, provide name of clinic:

2.6 Are you registered disabled? Do you require any assistance with access to the clinic or need any adjustments to our services?:

☐ No ☐ Yes

If yes, please lets us know if you need any adjustments:

3 Your Contact Details

3.1 House name or number:

3.2 Street name:

3.3 Town:

3.4 County: *

3.5 Postcode:

3.6 Country:

3.7 Home telephone:

3.8 Alternative number:

4 Your Identity Document

Please complete details exactly as they appear on your passport.

4.1 Do you have a valid passport?:

☐ Yes - please provide required information below

☐ No - please bring alternative photo I.D. (e.g. driver's license and NHS medical card) to your clinic appointment with you.

4.2 Passport number

4.3 Country of Issue

4.4 Expiry date:

You must bring the original photo ID document with you to your first clinic appointment.

4 Your Identity Document Continued

Please complete details exactly as they appear on your passport.

4.5 Country of birth:

4.6 Place of birth:

4.7 Nationality:

4.8 Ethnic group: *

4.9 Primary language:

☐ English ☐ Other

Do you require an interpreter?:

☐ Yes ☐ No

4.10 Have you travelled from overseas for treatment?:

☐ Yes ☐ No

5 Details of the person you are seeking treatment with

<u>You must enter either your partner's National Health or Passport number.</u> Details must match their ID document.

5.1 Your partner's title:

5.2 Your partner's first name:

5.3 Your partner's middle name:

5.4 Your partner's surname:

5.5 Your partner's surname at birth (if different):

5.6 Your partner's date of birth:

5.7 Your partner's occupation: *

5.8 Your partner's mobile phone number

5.9 Your partner's National Health Number

5.10 Your partner's email

5.11 Your partner's **valid** passport number

6 Address of the person you are seeking treatment with

My partner lives at the same address as me

☐ Yes ☐ No

6.1 Your partner's House Name or Number:

6.2 Your partner's Street Name:

6 Address of the person you are seeking treatment with continued

6.3 Your partner's Town:

6.4 Your partner's Post Code:

6.5 Your partner's Country:

6.6 Your partner's Home Telephone:

6.7 Your partner's Alternative number:

7 Your Previous History

If you haven't provided this information already, please complete the following page.

Cause of male infertility / reason for treatment.

Tick all options that apply:

- ☐ None - Female infertility
- ☐ Oligozoospermia (low sperm count)
- ☐ Azoospermia (no sperm in ejaculate)
- ☐ Avoidance of genetic disorders
- ☐ Other infertility reasons

If you have selected other, please provide details:

By saving this form you are confirming that all the details you have entered are correct to

the best of your knowledge.