



(Patient ID Label)

Name:
 DOB:
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Checklist for paperwork appointment for FET treatment cycle

The purpose of the paperwork appointment is to ensure you are fully informed prior to signing consents for your treatment and to explain what happens in a typical cycle. A copy of all documentation and consents signed will be provided to you; please bring to all future appointments. Certain consents/documentation may need repeating if your treatment does not start within the next few months, so please check if you experience any delays to your treatment.

We have read the “Frozen Embryo Transfer (FET)” information booklet on the Yorkshire Fertility website (https://www.yorkshirefertility.co.uk/patient-information/patient-information-leaflets)	
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In preparation for your treatment:

Please advise us of any changes to your medical history, including diagnosis/changes to treatment of diabetes and thyroid management, or if you are awaiting any investigations/results of investigations.	
Risk of blood clots/thrombosis - an assessment is carried out by the clinician when planning your treatment, and repeated by the nurse at paperwork appointment, to check if you are at risk of/have a history of blood clots/thrombosis, either yourself or within your family.	
Cervical screening must be in date prior to treatment. Previous treatment/surgery to cervix may require a mock transfer prior to treatment cycle.	
Preconceptual care – please see our website regarding diet, lifestyle advice, BMI and folic acid/vitamin D (https://www.yorkshirefertility.co.uk/patient-information/patient-information-leaflets)	
Your BMI must be below 35 for treatment and below 30 to access NHS funding, and remain below the relevant BMI when treatment commences.	
Counselling support is offered throughout your treatment – please contact the unit on 01422 261 344 to access.	
Abstain from intercourse from day 1 of treatment cycle (or use condoms) – if you are required to have an endometrial scratch or mock embryo transfer, you may be required to abstain in the preceding cycle also.	
Avoid travel to any areas with Zika risk – a full list of counties can be found at https://www.gov.uk/guidance/zika-virus-country-specific-risk Your treatment will be delayed if you have travelled to an area with Zika risk.	
Please advise us and your GP of any change in name/address. Failure to do so can lead to delays in treatment or funding availability. You will need to provide photographic ID and proof of address prior to treatment.	



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<p>Patient Information Evening dates are on our website (https://www.yorkshirefertility.co.uk/patient-information/patient-information-evening) and attendance is encouraged.</p>	
<p>Useful sources of information include: https://yorkshirefertility.co.uk/home/ https://www.hfea.gov.uk/ https://www.carefertility.com/ https://www.manchesterfertility.com/</p>	

Before Treatment Starts:

<p>Treatment will start depending on the capacity of the central unit and will be confirmed at the paperwork appointment.</p>	
<p>The central units close over Christmas and New year which may affect starting treatment within this timescale. The clinical team will advise if this applies to your treatment.</p>	
<p>Frequency, timing and length of appointments (including partner attendance).</p>	
<p>Our clinic opening times, out of hours support and emergency contact numbers provided.</p>	
<p>If you feel you need an interpreter please advise us, although we cannot guarantee this throughout your treatment. The central units can only offer telephone interpreters, subject to availability.</p>	

Treatment Detail:

<p>Typical treatment pathway – see relevant leaflet, depending on Central Unit.</p>	
<p>You will need to collect your medication yourself from one of the pharmacies at Calderdale Royal Hospital and call the pharmacy prior to collection whenever possible (sharps bin, syringes etc will be provided will be provided by Yorkshire Fertility). Please bring all medication to each appointment. Should treatment be successful, you will require fertility medication to continue into early pregnancy.</p>	
<p>Fee Pay cycles – please take your receipt as evidence of payment when collecting medication from the pharmacy.</p>	
<p>NHS cycles – consider the use of an NHS pre-payment certificate if you usually pay for your prescriptions.</p>	
<p>Additional medication – Medication costs are calculated for the standard minimum amount required to avoid overprescribing, therefore additional medication may be required depending on your treatment plan and response to treatment; please ensure you have a payment method available at each clinic appointment.</p>	



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<p>Appointments during treatment – we will advise when scan appointments are required, which all take place in the morning, and the number required will depend on your response to treatment. All scans will be transvaginal, completed by a member of the clinical team and an empty bladder is required (please empty your bladder on arrival/within 5 minutes of your scan). A pregnancy blood test will also be arranged once transfer date is known.</p>	
<p>Embryo transfer: Timing Number of embryos to transfer Procedure (sedation only if required) Aftercare</p>	
<p>Treatment add-ons (occurring additional costs), including: Embryogluce (payable to the central unit) Endometrial Scratch (payable to Yorkshire Fertility) As these options are not evidence based, they are not discussed with a clinician at initial planning stage, but are individual patient choice. You will need to advise the central unit of any add-ons you require by day 1 of your treatment cycle. Further information can be found on the central unit websites mentioned above, or the HFEA website: https://www.hfea.gov.uk/treatments/treatment-add-ons/</p>	
<p>Risks and Complications: Treatment delays Poor/no response and cancellation Clinical reason to abandon – including polyps/cyst formation Cancellation – if embryos have not survived the freezing/thawing process Pregnancy of uncertain viability including biochemical/miscarriage/ectopic Allergy – medication/latex Multiple pregnancy</p>	



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Declaration:

We confirm that all the above information has been explained to us and we both fully understand all the implications of our forthcoming treatment:

	Patient 1	Patient 2
We have received adequate verbal and written information regarding our treatment and feel able to make informed consent to treatment.		
We are aware of the different sources of information that may be helpful for further information or support.		
We are aware that there are factors which may cause treatment delays.		
We are aware of the financial implications to treatment including any additional costs following additional payment.		
We have reviewed the refund policy and are happy to continue with treatment.		

Partner 1... Date.....

Partner 2..... Date.....

Fertility Nurse Date.....