

Please complete the attached forms **fully**.

1. Registration and Agreement Form (one form for both partners)
2. Welfare of the Child form (each partner to complete a separate form)
3. Consent to Disclosure (each partner to complete a separate form)

Please return all the completed forms to:

The Assisted Conception Unit
11th Floor, Tower Wing
Guy's Hospital, Great Maze Pond
London
SE1 9RT

Our terms and conditions are printed overleaf.

(Please detach and keep this sheet for your records)

Payment Terms and Conditions for Self Funding Patients and Private Patients

1. All payment becomes due at the time of invoice. Invoices are generated as follows:
 - For clinical appointments, invoices are generated at the time of booking the appointment.
 - Invoices for treatment are generated when patient calls (on day one of menstrual cycle) to start treatment.
2. All invoices must be settled in full prior to the next appointment (for planned treatment and consultations) or within 14 days of the date of the invoice (for unplanned procedures such as embryo freezing). Failure to settle invoices in time may result in the treatment cycles being cancelled, and a cancellation fee being charged.
3. Unless otherwise stated, prices quoted by the Assisted Conception Unit at Guy's and St Thomas' NHS Foundation Trust do not include the cost of drugs. These will have to be paid **in addition** to the Unit's listed prices. Note that drugs are supplied by external companies, and as such, the Unit does not influence the prices charged.
4. In the event of a treatment cycle being cancelled¹, the Assisted Conception Unit at Guy's and St Thomas' NHS Foundation Trust will reimburse the patient for the treatment, having deducted any cancellation charges (please refer to our current pricelist).

Guidance for Personalised Care (Private Patients)

1. Patients on the personalised care pathway (private patients) will normally be treated by a named consultant, nurse and administrator. However, in their absence, another senior member of the ACU team will be allocated.
2. Appointments for patients on this care pathway will normally be outside standard work hours (8:00am-4:00pm)

Guidance for NHS Funded Patients

1. NHS funded treatment is offered in accordance to guidelines and criteria set out by contracting Primary Care Trusts (PCT). Please contact the unit for criteria for your PCT.
2. PCTs contracted with The Assisted Conception Unit at Guy's and St Thomas' NHS Foundation Trust currently only fund **one** fresh cycle of treatment.
3. PCTs do not fund embryo/sperm freezes and Frozen Embryo Transfer (FET) Cycles. All patients will have to pay for these services on a self funding basis (please refer to our current pricelist).
4. PCTs may change their criteria without advance notice being given to the Assisted Conception Unit at Guy's and St Thomas' NHS Foundation Trust or the patient. Where this is the case, the Assisted Conception Unit at Guy's and St Thomas' NHS Foundation Trust will endeavour to accommodate the patient where possible **within** the new guidance from the PCTs.
Note – The Unit does not influence the PCT's criteria.
5. Patients invited for funded treatment must be in a position to take up funding and complete treatment with three months. Failure to do so may result in the patient being removed from the waiting list and funding being allocated to another patient.

Notes

1. Cancellation – Cancellation of a treatment cycle is a clinical decision based on the clinician's expertise. Generally the treatment cycle is cancelled in one of the following circumstances:
 - Baseline investigation reveals that the patient is pregnant naturally.
 - Patient over/under responds to the stimulation drugs during a fresh cycle.
 - Embryos do not survive the thaw process in a frozen cycle.

Registration & Agreement Form

Personal Details

Further Information

Height: _____ ft _____ ins.
Weight: _____ kgs
_____ stones _____ lbs.

For reasons of safety, we are unable to offer treatment to patients substantially over weight. We advise patients whose BMI is greater than 35 to lose weight, before embarking on treatment.

Treatment Information

Do you have any children from your current relationship? Yes No

Do you have any children from your previous relationships?

Female: Yes No Male: Yes No

Have you ever had NHS Funded fertility treatment? Yes No

If YES, please provide details below:

Female:	
Male:	

General Information

How did you hear about us? GP Other Recommendation Internet Search
Private Health Website Capital Dr Magazine Other Advert

Have you ever visited our website (www.ivfdirect.com)? Yes No

Why did you choose Guy's Hospital to undertake your IVF treatment? _____

Agreement

I/We will be liable for all services rendered and items supplied in accordance with the rates of charges and terms of payment published by the hospital at the time of treatment. I/We also understand that in addition I/We must pay for any additional services of the medical practitioner under whose care the patient is administered, including the fees for the services of an anaesthetist, radiologist and/or pathologist, as required, during the period of treatment.

Please sign and date below:

Female: _____	Full Name: _____	Date: _____
Male: _____	Full Name: _____	Date: _____

HOSPITAL USE ONLY:

Referral Date: _____	Funding: _____	
Female: IVF No.: _____	Hosp No.: _____	Customer No.: <input type="text"/>
Male: IVF No.: _____	Hosp No.: _____	
PIE Date: _____	Initial Consultation Date: _____	
Processed By: _____	Date: _____	