

Application form for sub-fertility clinical programme

“An Integrated Osteopathic Approach (IOA) to human sub-fertility”

	Female	Male
Name		
Address		
DOB		
Email		
Daytime Ph. Number		
Mobile Number		

We confirm that we comply with the following selection criteria:

Selection Criteria

- Couples who have been unsuccessful in conceiving after 18 months of regular sexual intercourse without contraception, for primary sub-fertility (never conceived) and 12 months for secondary sub-fertility (has previously conceived)
- Females between 25 and 40 years of age.
- Males between 25 and 50 years of age
- If the couple have already pursued infertility investigations there is no significant medical reason for infertility e.g., blocked fallopian tubes, significant endometriosis, polycystic ovaries or abnormal sperm analysis.
- The couple have no history of malignant disease, other significant disease, or significant hormonal problems.
- Body Mass Index less than 30 but more than 19 (both partners)

- The couple have no long-term depressive (or other psychiatric) history with psychiatric treatment including long-term medication
- The woman has not taken the contraceptive pill for at least 12 months.

We understand that this information will be used to assess our suitability for the screening process, along-side lifestyle and medical history questionnaires, to be carried out by Mr. Gerry Gajadharsingh at The Health Equation. We understand that we will then be invited to The Health Equation for a 60-minute Diagnostic Consultation for each partner separately. During this consultation, we will have a full medical history, clinical examination and blood tests will be organised for both male and female partners and the male partner will be referred to The Doctors Laboratory for a comprehensive semen analysis. We understand that The Health Equation is a private clinic and that we are responsible for the fees charged to us, as set out on The Health Equation website/fertility page or in information supplied to us by The Health Equation.

Female Partner Date __ / __ / __

Male Partner Date __ / __ / __

Please email this form to

info@thehealthequation.co.uk

You will need to print the form and sign it before you email it. If this is not possible please fax the signed form to 020 7637 3799