

Please Stay in Touch

Your journey with Leicester Fertility Centre has now come to an end, but please let us know how things progress and about the final outcome of your treatment.

You can contact us by telephone on 0 116 258 5922, by e-mail at enquiries@leicesterfertilitycentre.org.uk, or come in and see us.

We are also legally required to report all pregnancy outcomes to our governing body, the Human Fertilisation and Embryology Authority. We would therefore be very grateful if you could provide the details requested overleaf, and return the form to us at your earliest convenience.

We understand that life can be busy, therefore if we do not hear from you someone from the team may contact you for an update.

Wishing you all the best,
The Leicester Fertility Team

**Leicester Fertility Centre
Pregnancy Outcome Form**



Patient's name:

Patient's date of birth: / /

Treatment date: / /

Delivery Details of Baby 1:
Miscarriage Date:.....
Still birth Date:.....
Live birth Date:.....
Baby's Surname:
Baby's First Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Weight:
Town of Birth:
Country of Birth:
Vaginal: Yes / No Caesarean: Yes / No

Delivery Details of Baby 2:
Miscarriage Date:.....
Still birth Date:.....
Live birth Date:.....
Baby's Surname:
Baby's First Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Weight:
Town of Birth:
Country of Birth:
Vaginal: Yes / No Caesarean: Yes / No

Delivery Details of Baby 3:
Miscarriage Date:.....
Still birth Date:.....
Live birth Date:.....
Baby's Surname:
Baby's First Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Weight:
Town of Birth:
Country of Birth:
Vaginal: Yes / No Caesarean: Yes / No

Please complete and return to Leicester Fertility Centre, Leicester Royal Infirmary, Infirmary Close, Leicester, LE1 5WW, or e-mail a copy to enquiries@leicesterfertilitycentre.org.uk.