Welfare of the Child: patient history form

About this form

This form should be completed by each patient requesting any fertility treatment regulated by the HFEA, including IUI. In surrogacy arrangements, both the commissioning couple and the surrogate (and her partner, if she has one) should complete this form.

For further information, please refer to guidance note 8 of the HFEA *Code of Practice.*

The information you provide in this form will help determine whether any child you might have is likely to be at risk of serious harm. Decisions are made on a case by case basis. Answering yes to any of the questions does not necessarily mean that treatment will be refused. For further information about the welfare of the child assessment, please refer to **www.hfea.gov.uk**

1 About you

1.1 First name(s)

1.2 Surname:

1.3 Date of birth (DDMMYY)

1.4 House name or number:

1.5 Street name:

1.6 Town:

1.7 Postcode:

1.8 Country:

1.9 Contact number:

2 Your history

2.1 Do you have any previous convictions related to harming children? Yes ☐ No ☐

If yes, please give details:

2.2 Have any child protection measures been taken regarding your children? Yes ☐ No ☐

If yes, please give details:

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Other relevant forms

2 Your history *continued*

2.3 Is there any serious violence or discord within your family environment? Yes ☐ No ☐

If yes, please give details:

2.4 Do you have any mental or physical conditions? Yes ☐ No ☐

If yes, please give details:

2.5 To your knowledge, is your child at increased risk of any transmissible or inherited disorders? Yes ☐ No ☐

e.g. at risk of infectious diseases such as hepatitis or HIV. Or a genetic disorder such as cystic fibrosis

If yes, please give details:

2.6 Do you have any drug or alcohol problems? Yes ☐ No ☐

If yes, please give details:

2.7 Are there any other aspects of your life or medical history which may pose a risk of serious harm to any child you might have or anything which might impair your ability to care for such a child?

Yes ☐ No ☐

If yes, please give details:

Your signature

✗

Date (DDMMYY)

D D M M Y Y

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TO BE COMPLETED BY THE CENTRE

Is there any concern that the prospective parents may not be supportive parents (ie, that they show a lack of commitment to the health, well being and development of the prospective child)? Yes ☐ No ☐

If yes, please specify if and how the wider family and social networks within which the child will be raised have been taken into account.

Further information sought? Yes ☐ No ☐

If yes, specify a) grounds for seeking information, b) type of information sought and c) source of information (GP, social services etc.).

Response from information source:

Further action taken? Yes ☐ No ☐

If yes, please specify what action:

Treatment offered? Yes ☐ No ☐

If no, give grounds for refusal and any steps patient(s) could take to reconsider the decision:

Approver's name

Approver's signature

Position

Date (DDMMYY) D D M M Y Y

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Other relevant forms