

**HKU-QMH CARE – referral form for fertility preservation before cancer treatment**

To: Professor Ernest Ng  
Centre of Assisted Reproduction and Embryology (CARE) Clinic  
Department of Obstetrics and Gynaecology  
The University of Hong Kong - Queen Mary Hospital  
Fax: 22554842

Date: \_\_\_\_\_

<b>Patient's Gum Label</b> or fill in details:	
Name: _____	
Gender: _____	Age: _____
HKID: _____	

I would like to refer the above named patient for fertility preservation before cancer treatment.

<b>Marital Status</b>	Single/ Married/ Divorced
<b>No. of existing child</b>	
<b>Diagnosis</b>	
<b>Planned treatment (with details)</b>	
<b>Planned start date</b>	
<b>Prognosis (if applicable)</b>	
<b>Previous treatment</b>	

- Please fax the appointment slip at \_\_\_\_\_.
- The patient can be contacted at \_\_\_\_\_ (mobile number)
- Please call doctor-in-charge, Dr \_\_\_\_\_ at \_\_\_\_\_ for further details.

Thank you very much.

\_\_\_\_\_ (Doctor's name)

\_\_\_\_\_ (Department)

\_\_\_\_\_ (Hospital/Clinic)