

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

To: Professor Ernest Ng  
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Fax: 22554842

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

**Patient's Gum Label** 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)